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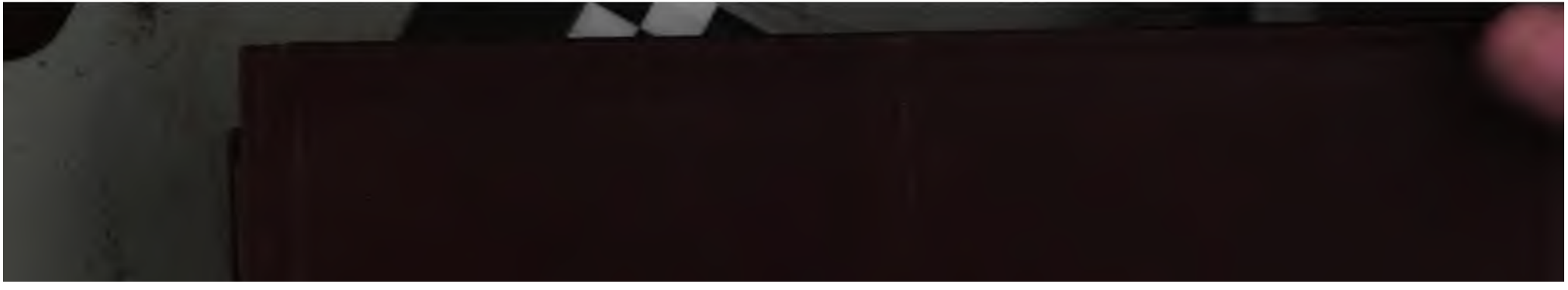
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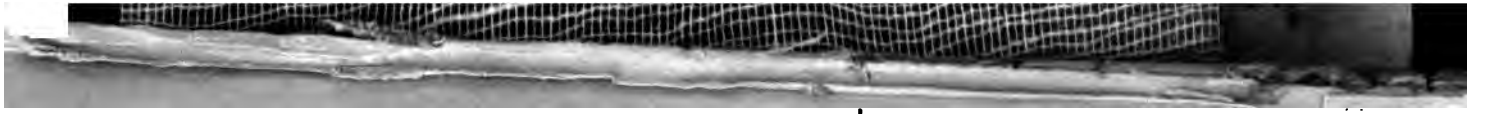


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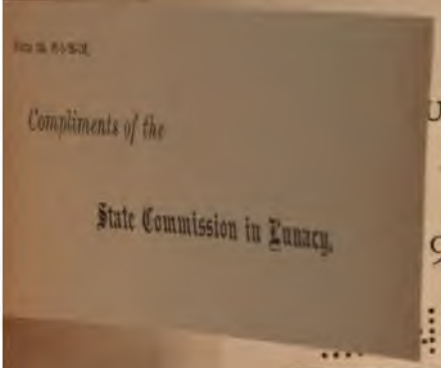
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STATE OF NEW YORK:

STATE COMMISSION IN LUNACY,
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To the Speaker of the Assembly:

By direction of the Commission, I have the honor to transmit herewith the Annual Report of the State Commission in Lunacy for 1891.

T. E. McGARR,
Secretary.

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REPORT.

ALBANY, *February* 15, 1892.

To the Legislature:

The statute requires that the Commission shall annually transmit to the Legislature a full report of its acts, together with such facts in regard to the insane, and the management and conduct of the asylums and institutions for their care and treatment, as it may deem necessary for its information, to which it shall add, in proper form and detail, the measures which, in its opinion, are best adapted to improve the care and treatment of the insane.

Pursuant to the above provision of law, the State Commission in Lunacy hereby presents its annual report for the year 1891, as follows:

The Legislature not having named any specific date for the submission of this report, it may properly cover the calendar year preceding it presentation, although the statistical information which it contains can extend only to the preceding September thirtieth, since all reports of this character are confined to the current fiscal year.

If the reports were designed solely for the Legislature's use some things which the Legislature is required to take cognizance of might, with propriety, be omitted; but the Commission, conceiving that the Legislature intended the report for the information of the general public as well, and more particularly of those who are directly or especially interested in the care and treatment of the insane, and in the management of institutions for this class, it has deemed it necessary to insert many matters

with which, of course, the Legislature can hardly fail to be familiar.

In fact, a report of this character must be written with reference to all classes who may take interest in the subject; hence the necessity of stating many things with which the Legislature and specialists in the field of lunacy are familiar, and of duplicating and repeating figures and details for the benefit of those who do not care to examine the whole report or to carefully study the statistics. For the purpose of making the report as intelligible as possible in respect to the many and diversified interests of which it must treat, it has been deemed wise to subdivide it into seven principal parts, as follows: Part 1, State system; part 2, exempted county system; part 3, licensed private asylum system; part 4, system in general; part 5, statistics; part 6, summary of recommendations; part 7, asylum directory.

CARLOS F. MacDONALD, M. D.,
President.

GOODWIN BROWN,
HENRY A. REEVES,
Commissioners.

PART I.

STATE SYSTEM.

CHAPTER 1.

REVIEW OF STATE HOSPITALS.

UTICA STATE HOSPITAL.

This hospital was opened for the reception of patients in 1843. It is situated within the city of Utica and is easily accessible by street car. It has a total of 225 acres of land. The estimated value of its real estate, inclusive of buildings, on October 1, 1891, was $750,000, or a per capita cost for each patient, according to the reported capacity of the institution, of $1,071.43. The estimated value of its personal property was $65,000. The number of acres of land under cultivation at that time was 125. The capacity of the institution is given at 700, and the daily average number under treatment for the year ending September 30, 1891, was 786.

It appears that a few thousand dollars were contributed by citizens of Utica toward the purchase of a site, but, in the main, the lands and all of the buildings were purchased and erected by the State.

Dr. G. Alder Blumer is the medical superintendent, having been appointed in 1886. This hospital was the first public institution for the care and treatment of the insane established by the State, and for a period of twenty-eight years was the only State asylum. It is worthy of note here that the first State care act passed provided for the erection of this hospital. It is one of the oldest institutions of the kind in the country. The charter of this institution is practically the charter of all the State hospitals in the State to-day, and its methods of government and management were substantially followed by all in the successive order of their establishment, with the exception of the Willard and the

Binghamton State hospitals, which were successively established for one class, namely, the "chronic" or so-called "incurable" insane.

GENERAL CONDITIONS.

Under this head, inquiries were addressed to the several State hospital superintendents, substantially in form as given below, and the information supplied by their replies is added in smaller type:

GENERAL OPERATIONS.

State generally the operations of the hospital for the fiscal year ending September 30, 1891, giving the number and kind of buildings erected or completed during the year, or now in course of erection, the extraordinary repairs to buildings and other important improvements begun or completed during the year; also any new features in methods of management, together with a cursory review of the general results of the year.

The new group of infirmary buildings for which appropriation was made, under chapter 91, Laws of 1891, comprises a two and a-half story central building for residential and administrative purposes, two two-story infirmaries, two one-story day-rooms, two one-story dormitories, a one and a-half story congregate dining-room with kitchen, and a series of single rooms disposed along one side of the corridors that connect these several buildings into one symmetrical group, capable of accommodating 200 patients with their attendants. These buildings extend in a northwesterly direction from the main building, being connected thereto by a corridor measuring 135 feet.

The greatest width is 316 feet and the greatest depth 218 feet. It is expected that the buildings will be ready for occupancy in August, 1892.

Many improvements have been effected during the year, thanks to the appropriations obtained under chapter 295 of 1890, and 302 of the Laws of 1891. The fire-proof stairways in the female department, mentioned in my last annual report as being in course of erection, have all been completed. The hospital is now fortunate in the possession of nine staircases constructed entirely of fire-proof materials.

In 4, 5 and 6, female department, dormitories have been completed in accordance with plans, which improvement, together with the new alcoves, windows, painting and furnishing, has wrought much needed change in the appearance and comfort of these wards. Wards 7, 8, and 9 of the same division have been similarly beautified

by means of a large bay window admitting an abundance of light and sunshine. Considerable painting has been done in various parts of the women's division.

A large skylight has been provided in the centre building, admitting light to the main staircase.

Under chapter 302 of the Laws of 1891, 1,500 feet of new sewer were constructed under contract, extending from the slaughter-house and serving as a trunk sewer for the new building.

Two new boilers have been purchased and placed in position in the building constructed for the purpose as an extension to the engine-room.

Metal fire-proof ceilings have been placed in wards 1, 5, 6, 7 and 9 of the female department.

The water supply has been increased by laying 4,490 feet of ten-inch pipe in place of the old six-inch pipe which had become inadequate to the demands of the institution.

A new pig-pen has been erected on the farm at a considerable distance from the buildings occupied by patients, with a view to stamping out the disease to which our herd had fallen a victim.

A drilling machine, jig-saw, buzz-saw, mortise machine, and wood lathe have been purchased out of the same appropriation and have materially promoted the efficiency of the mechanical department.

A handsome sleigh, capable of seating thirty persons, has been purchased for the use of patients, and the two pianos and one organ have proved a useful acquisition.

Care and Treatment.

1. State briefly your views on the care and treatment of the insane, with special reference to these points:

General Character of Medical Treatment.

The general treatment of patients differs from that pursued in general hospitals only in so far as the disease of insanity calls for adaptation of such treatment to its special needs in special instances. The object of all medication being the removal of the cause upon which the disease is held to depend, or, failing that, the modification and relief of its symptoms, the general medical treatment of insanity may be said to be based on that general principle.

2. Medicines, how prescribed, dispensed and how and by whom administered, whether by "single dose" system or otherwise.

Medicines are prescribed by the several physicians of the staff, dispensed by a licensed apothecary and administered by the supervisor or the charge attendant. The "single dose" system is in vogue.

3. What class of medicines, if any, are kept on the wards and in whose custody kept? State if poisonous drugs of any kind are kept on the wards and what precautions are taken in the use of the same.

In cases of special prescription of medicines to be administered at frequent intervals, the bottles, etc., containing such medicines are kept in a locked cupboard provided for such purpose, in charge of the head attendant. Attendants have special instructions to be particularly careful in the matter of vermicides and all other poisonous drugs. These are always kept under lock and key.

4. Extra diet for sick and feeble, stating variety provided, by whom ordered and the method of insuring its reaching those for whom it was ordered.

The medical officers are not restricted in the prescription of special diet for the sick and feeble. It is ordered in such quantity, quality and variety as their judgment may determine, subject to the approval of the superintendent. The list is revised each week. The average number of patients on such special diet is ninety-four. No extra diet can be procured without a written order from a physician. The frequent visits of the physicians to the dining-rooms and the trustworthiness of the charge attendants have been considered a sufficient guarantee that such diet reaches those for whom it is ordered. In addition, an officer is specially charged with the supervision of all dining-rooms and makes a regular inspection at meal times.

5. Artificial feeding or forced alimentation; state the rule of practice as to (*a*) methods of feeding; (*b*) on whose order and by whom done; (*c*) usual length of time permitted to elapse after a patient refuses to eat before feeding is resorted to; (*d*) how often the feeding process is usually repeated in a given case during the day or twenty-four hours; (*e*) forms in which foods are forcibly administered.

Artificial feeding.

(*a*) Methods of feeding. The practice is to use a soft rubber tube, either stomach or nasal, at the extremity of which a funnel it inserted. Liquid food is introduced by gravity.

(*b*) On the order of, and by a physician.

(*c*) The interval varies according to the physical condition of the patient. It rarely happens that more than three days are allowed to

elapse. In many cases it would be improper to allow an interval of twenty-four hours to elapse before feeding.

(*d*) In chronic cases which are constantly fed by tube, the feeding process is repeated twice a day. In other cases as often as may be possible — from two to five times.

(*e*) The usual feeding mixture is peptonized milk, to which are added eggs, sugar and salt in sufficient quantity. Occasionally beef essence is used. Where a stimulant is necessary, whiskey or brandy.

Moral Treatment.

1. State the facilities provided and methods in vogue for the entertainment and diversion of patients, including (*a*) amusement hall, its location, capacity, kind of entertainments for which it is adapted, and whether used for religious worship; (*b*) variety and average frequency of entertainments given therein; (*c*) bands of music, and, if so, whether composed of patients or employés, or both, or whether hired for the occasion; (*d*) number and kind of musical instruments provided for the use of patients, exclusive of those used by the band; (*e*) from what fund are amusements maintained or provided; (*f*) average number of patients who attend entertainments, and if a record of the number is kept; (*g*) frequency and denomination of religious worship and average number of patients who attend such worship and compensation paid to clergymen; state approximately the number of patients of Roman Catholic faith and what provision, if any, is made for their spiritual requirements, including amount of compensation paid for the same; (*h*) rule as to arrangement for attention to the spiritual needs of the seriously sick and dying; (*i*) green-houses, if any, and estimated cost of same, to what extent, approximately, are flowers and foilage plants supplied to the wards, and what class of wards are so supplied; (*j*) generally, the extent to which the wards are supplied with pictures, bric-a-brac and other ornaments, also song birds, if any, and if these things are supplied to any extent to the "disturbed wards;" (*k*) have you a patients' library, and, if so, the number of volumes contained therein, and, approximately, the number of patients who indulge in reading books; how is the library maintained? (*l*) state approximately the number of newspapers, magazines, etc., that are taken or received for patients' use; (*m*) practice as to taking patients out of doors for exercise;

are disturbed patients regularly taken out and how frequently (*n*) has your hospital a base-ball club, and, if so, what proportion of it is composed of patients; (*o*) state any other means of amusement or diversion provided for patients.

(*a*) Amusement hall. It is known at the Utica State Hospital as the assembly hall, because it is not used for the purposes of amusement only. The hall is situated in the quadrangle. It accommodates 550 persons. It is adapted for all kinds of dramatic entertainments and concerts, also for dancing, military exercises, gymnastics, school, lecture-room, etc. It is also used for religious worship.

(*b*) Entertainments are held during the fall, winter and spring, twice a week.

(*c*) The hospital has its own orchestra. It is composed of employés, who are engaged as attendants or in other capacity.

(*d*) Musical boxes, three; pianos, five, and organs, two.

(*e*) Entertainments are provided out of the general maintenance fund.

(*f*) The average number of patients who attend entertainments is 300. A record of the number in attendance is kept.

(*g*) Religious worship has for twenty-seven years been presided over by the Rev. Dr. Gibson of the Episcopal church. His compensation is $800 per year. The number of patients of the Roman Catholic faith is 270. Roman Catholic priests are invited from time to time to hold services. The officiating priest has always *given* his services. The Rev. Father McDonald has been offered compensation. Patients who are fit to attend mass in the city are allowed to do so.

(*h*) The chaplain visits the sick and administers to their spiritual relief. The seriously sick and dying of the Roman Catholic faith are visited by a priest.

(*i*) There are two green-houses, the estimated value of which is $4,000. Flowers and foliage plants are supplied to all the wards in the hospital.

(*j*) All the wards in the hospital are supplied with pictures and other adornments and on several of them there are song birds. The disturbed wards are liberally supplied with pictures.

(*k*) There are 2,000 volumes in the patients' library. It is difficult to estimate the number of patients who read books, but the figure may be placed approximately at 250. If readers of newspapers be included the number would be about 500.

(*l*) The number of newspapers received for the patients' use is 155.

(*m*) Patients are taken out regularly for exercise every day, weather permitting.

(*n*) The hospital has two regularly organized base-ball clubs during the season — a first and second nine. In these clubs about half the number are patients.

(*o*) Other amusements (outdoor) are cricket, croquet, quoits, swings, and occasionally football. There is also a steam pleasure-boat provided for patients' use during the summer and a large sleigh for the winter. A field day is held every year, at which prizes are given to the successful contestants.

2. Give the number and kinds of industrial occupations in which patients are engaged, and the average number of patients, regularly employed in each; also, separately, the estimated value of the products of such occupations.

Patients are engaged in the following industrial occupations: Broom-making, brush-making, mat-making, mattress-making, cane-seating, general upholstering, cabinet-making, shoemaking, tailoring, carpentry, tinsmithing and blacksmithing.

The average number employed in the order of the enumeration is one, one, one, twenty, three, one, one, three, three, two, one, one. We have no means of estimating the value, separately, of the products of such occupations. Roughly estimated, the total value thereof would be about $2,000.

3. Do you use mechanical restraint, and, if so, what forms are used, and under what circumstances and on whose order is it applied? Is seclusion of patients practiced, and, if so, to what extent and under what circumstances and at whose discretion is it resorted to? Is there a record kept of restraint and seclusion? Give separately the number of patients restrained and secluded during the year. Please state your views respecting the utility or necessity of mechanical restraint and seclusion in the treatment of the insane.

It has not been deemed necessary to have recourse to mechanical restraint during the past five years. Seclusion is occasionally practiced, on the prescription of a physician, in such cases as seem to require that kind of treatment. A record thereof is carefully kept. The number of patients secluded during the past year was: Men, twenty-six; women, thirty-five; total, sixty-one.

My own opinion, based upon an experience of twelve years in the treatment of the insane, is that the use of mechanical restraint is called for only in extremely rare instances.

4. If articles of furniture are fastened to the floor on the wards, state the number and kind of each and the reasons why it is regarded as necessary.

The only articles fastened to the floor at this hospital are two chairs, one in each department, used in feeding patients who resist forced alimentation.

5. If there are any airing courts attached to the hospital, state how many and the location, extent and arrangement of each and the reason why they are regarded as necessary.

There are two airing courts adjoining the disturbed wards for men and women, containing respectively about one acre and one-half acre. These exercising grounds are well shaded and amply provided with walks, settees, etc. There is in every large hospital for the insane a class of patients for whom such exercising grounds are desirable, that is, where the institution is situated in the midst of a thickly populated city. Without such inclosures many patients who are able to be out of doors a great part of each day would have to remain in the building, for there are many insane persons who are neither able to work nor to take systematic walking exercises beyond the confines of the institution. Patients who are considered well enough to work or to exercise in the open grounds do not occupy the airing courts.

BATHING.

1. How frequently are patients regularly bathed; what are your rules as to the bathing of "filthy" patients, supervision of bathing, renewing the water and regulating its temperature; to what extent is the bathing supervised by a medical officer, and are any patients permitted to bathe without the presence of an attendant? Are sheets used for drying patients when bathing, and to what extent are bathing towels provided? Have you a spray bath in operation, and do you regard that method of bathing patients with favor? State your views as to the propriety of allowing patients to bathe unattended.

All patients are bathed at least once a week. Filthy patients are bathed as often as may be necessary to secure cleanliness. Bathing is under the immediate supervision of the charge attendant in each ward, and in the women's department the woman assistant physician has special supervision over it. Care is taken to have the water renewed

for each bath and to have the water of the proper temperature. Trustworthy patients are permitted to bathe in the absence of an attendant. Sheets are not used for drying patients, and each patient is allowed a clean towel. I am disposed to regard with favor the method of bathing patients by means of a spray. It is in successful operation in three wards at present and will be extended with the extension of facilities therefor. I see no reason why convalescent patients who are considered otherwise trustworthy should not be permitted to bathe unattended.

Clothing and Bedding.

1. What is the general character of clothing supplied to public patients? How much does it vary with the seasons and how often is patients' underclothing regularly changed?

The clothing supplied to public patients is of plain, substantial character and regulated, as to weight, by the seasons. Underclothing is regularly changed once a week, and as much oftener as may be necessary in the case of untidy patients.

2. What is the general character of the patients' bedding, and how frequently are the sheets and pillow-cases regularly changed?

With the exception of a few patients who are filthy, the patients are provided with a woven wire spring mattress, upon which is a hair mattress of home manufacture. Sheets and pillow-cases are changed once a week and in the case of unclean patients as often as may be necessary.

3. Is the bedding changed during the night in case of soiling?

Night attendants and nurses have instructions to change bedding during the night in case of soiling.

Night Service.

State in full your arrangements for night service as to attendants, nurses and watchmen, and the duties prescribed for each class. Are filthy patients regularly taken up during the night? To what extent are the wards under medical supervision at night?

The regular night service of this hospital comprises eleven persons, five of whom are men and six women. All these persons are engaged in the care of patients during the night, and the special function of

one of the men is that of doorkeeper and general watchman, at such times as he is not engaged in assisting the other night attendants in ministering to the necessities of patients. One man is specially charged with the night nursing of suicidal patients, another with that of those who are filthy and need to be frequently taken up, while a third is in charge of a large dormitory (formerly the chapel), in which sleep epileptics and other patients requiring special supervision. There are two general night watchmen whose duty it is to visit during the entire night all the wards of the male division, and more particularly such of them as are not provided with special night attendants. On the female division there are two night nurses in charge of two wards occupied by suicidal patients and epileptics, and two in charge of patients of the "filthy" class, while to two more is assigned the general duty of night inspection, as in the male division. One of the general night nurses is in charge of the male and female night service, respectively, and is the medium of communication between the medical officers and the wards during the night. In addition to the attendants and nurses composing the regular night service, it frequently happens that nurses from the day staff are specially detailed to take care of emergency cases. The night attendants and nurses report for duty at 8 o'clock and leave from half-past 5 to 6 o'clock A. M., according to the season.

"Filthy" patients are regularly taken up during the night, and the rule is that patients shall be handed over to the day staff in the morning clean. Accidental departures from this rule are reported on a blank to the medical office every morning. Out of 799 patients in the house this morning only *one* is reported as having been found "wet."

In regard to night medical supervision, I would state that frequent visits are made to the wards by the assistant physicians and myself. I deem it important that such visits should be made at irregular intervals and at unexpected times, in order to test the vigilance of the night staff and the general efficiency of the service. In the women's division, the woman assistant physician makes night rounds at least once a week, and is on some of the wards during the night at more frequent intervals.

DINING-ROOM SERVICE.

Have you ward or associate dining-rooms; are the dining-rooms in charge of special attendants (if women are in charge of men's dining-rooms, state the fact)? Do the attendants dine with the patients or separately, and, if the latter, before or after the

patients' meals are served? To what extent is the dining-room service supervised by a medical officer?

There are both ward and associate dining-rooms in this hospital. The dining-rooms are in charge of special attendants and nurses. Women are employed in seven of the dining-rooms for male patients. The attendants dine with the patients. A few in some of the wards take their meals in advance of the patients, in order to wait upon such of them as need special attention. The physicians frequently inspect the dining-rooms while making their rounds, and an officer is specially detailed to inspect the dining-room service every day.

Visitation of Patients.

Have you special days or hours when visiting is allowed? If so, state them, and whether the patients' friends are allowed to visit them on the wards or elsewhere. Are general visitors permitted to visit the wards promiscuously?

The days for visiting patients are Mondays and Fridays, from 10 to 12 in the morning and from 2 to 4 in the afternoon. Whenever the visit may be properly made in the visiting-room it occurs there, otherwise in the wards. General visitors are not permitted to visit the wards promiscuously. All visitors who are not such persons as are authorized to visit patients must present a card signed by one of the managers before securing admittance to the wards; and in these cases convalescent wards only are open to inspection.

Correspondence.

What is your practice as to delivering patients' letters unopened? State your objections, if any, to this practice.

Our practice is to deliver patients' letters unopened. In rare instances the seal of the letter has been broken when it has seemed probable that the letter contained news which in their own interest patients should not receive.

Recoveries and Deaths.

Give percentage of recoveries on number admitted.

25.65 per cent.

Give percentage of recoveries on daily average population.

13.74.

Give percentage of recoveries on whole number treated.

9.22.

Give percentage of recoveries on number discharged; of those discharged recovered the previous year, how many were re-admitted prior to October 1, 1891?

27.48; two women were admitted prior to October 1, 1891.

Give percentage of deaths on number admitted.

23.04.

Give percentage of deaths on average daily population.

12.34.

Give percentage of deaths on whole number treated.

8.28.

Give percentage of deaths on number discharged.

24.68.

Give whole number of inebriates, that is, alcoholic, opium, and other "narcotic habitués" discharged during the year, and whether these are classed as "recovered" or "not insane" in your report of discharges.

There were no inebriates, that is, alcoholic, opium and other "narcotic habitués" discharged during the year; such cases are always classed as "not insane" in the report of this hospital.

RESIDENT OFFICERS.

Give the name, rank, date of employment, compensation and previous experience, if any, of each resident officer; also salary of treasurer.

G. Alder Blumer, superintendent; date of employment, December 14, 1886; compensation, $4,000; previous experience, as assistant physician, six and one-half years; before his engagement as assistant physician at the State Lunatic Hospital in June, 1880, he was house physician at the German Hospital, Philadelphia, Pa.

Charles G. Wagner, first assistant physician; date of employment, February 12, 1890; compensation, $2,000; previous experience, as second assistant, two years and three months; as third assistant, ten months; as fourth assistant, two years and one month; as house physician, Pres-

byterian Hospital, New York city, 1882–3, and as house surgeon at the same hospital, 1883–4.

Wm. Mabon, second assistant physician; date of employment, February 12, 1890; compensation, $1,600; previous experience, as third assistant, two years and three months; as fourth assistant, seven months; as assistant physician at Morris Plains, N. J., Asylum, one and a half years; and in general practice, three and one-half years; also one year as house physician and surgeon at Jersey City Charity Hospital.

Charles E. Atwood, third assistant physician; date of employment, February 12, 1890; compensation, $1,400; previous experience, as fourth assistant, two years and three months; Hudson River State Hospital, Poughkeepsie, N. Y., as assistant physician, two years and ten months; New York City Lunatic Asylum, Blackwell's Island, one year and nine months.

Richard R. Daly, fourth assistant physician; date of employment, February 12, 1890; compensation, $1,300; previous experience, at Bloomingdale asylum one month; lunatic asylum, Blackwell's Island, one year and seven months.

Clara Smith, woman physician; date of employment, May 15, 1891; compensation, $1,200; previous experience, New York Infirmary for Women and Children, interne, one year; private practice, two years in the city of Syracuse, N. Y.

John R. Jones, steward; date of employment, January 11, 1887; compensation, $1,400; previous experience, acting steward, seven months; as clothing clerk and store keeper, fourteen years; as supervisor, nine years; as charge attendant about three months.

Emma Barker, matron; date of employment, October 1, 1867; compensation, $500; previous experience, as assistant matron, seven months; as charge attendant and night watch, one year and ten months; as dining-room attendant, about two months.

The salary of the treasurer is $1,500 per annum.

Subordinate Employes

1. Give the number of employés, other than resident officers, the capacity in which employed, compensation, and the number receiving the same compensation in each occupation, specifying whether men or women.

The whole number of employés, other than resident officers, is 191, as per following schedule, stating compensation, etc.:

Two bookkeepers, one at $116.66 and one at $30 per month.



One stenographer, at $60 per month.
One chaplain, at $66.66 per month.
One clothing clerk and storekeeper, at $50 per month.
One assistant storekeeper, at $28 per month.
One apothecary, at $45 per month.
Two supervisors (male department), one at $50 and one at $40 per month.
Three night watchmen, at $40 per month.
Six attendants, at $28 per month.
Eight attendants, at $26 per month.
Sixteen attendants, at $24 per month.
Nine attendants, at $22 per month.
One attendant, at $25 per month.
Eight attendants, at $20 per month.
Six nurses, at $20 per month.
Two nurses, at $19 per month.
Seven nurses, at $18 per month.
Five nurses, at $17 per month.
Two nurses, at $16 per month.
Four nurses, at $15 per month.
Twelve nurses, at $14 per month.
Six nurses, at $13 per month.
Eleven nurses, at $12 per month.
Two supervisors (female department), one at $35 and one at $25 per month.
One matron's assistant, at $30 per month.
Three seamstresses, at $16 per month.
One dressmaker, at $20 per month.
Two tailoresses, one at $16 and one at $14 per month.
Six laundresses (in ironing-room), one at $25, one at $22, one at $21, one at $20, one at $15 and one at $14 per month.
Two waitresses, one at $18 and one at $14 per month.
Two chambermaids, at $14 per month.
One nurse, at $14 per month.
One tailoress, at $1.25 per day.
One tailoress, at seventy-five cents per day.
One barber, at $40 per month.
Two upholsterers, one at $50 and one at $36 per month.
One shoemaker, at $40 per month.
One assistant engineer, at $20 per month.
One office attendant (woman), at $15 per month.
One butcher, at $60 per month.

Two bakers, one at $50 and one at $40 per month.
Two cooks (men), at $30 per month.
Nine cooks (women), one at $18, two at $15 and six at $14 per month.
One launderer, at $60 per month.
One launderer, at $45 per month.
One launderer, at $30 per month.
One sorter and tally clerk, at $40 per month.
One farmer, at $55 per month.
Two herdsmen, one at $50 and one at $40 per month.
Two teamsters, at $45 per month.
Two gardeners, one at $50 and one at $45 per month.
Five laborers, one at $40, one at $36, one at $24 and two at $20 per month.
One carriage driver, at $50 per month.
One engineer, at $90 per month.
One electrician, at $50 per month.
Five firemen, at $40 per month.
Two carpenters, one at $3 and one at $1.75 per day.
One mason, at 20 shillings per day.
One mason's helper, 11 shillings per day.
One painter, 20 shillings per day.
Two plumbers, at $50 per month.
One tinsmith, $2 per day.
One bookbinder, $40 per month.

2. Give the ratio of employés of all kinds to patients.

1–4.

3. Give the annual per capita cost per patient of all employés.

$74.74.

4. Give the ratio of attendants exclusively occupied on the wards to patients.

Day, 1–8; night, 1–73.

5. Give separately the ratio of wages paid men and women attendants on entering the service.

Rate of wages paid male attendants on entering the service is $20 per month; rate paid to women is $12 per month.



6. Give separately the maximum rate of wages paid men and women attendants.

Maximum rate of wages paid male attendants is $28, and to women $20 per month.

7. State the rule, if any, governing the promotion in rank and pay of attendants.

The compensation of attendants is determined in part by the length and in part by the character of the service rendered.

8. Is there any definite term or period at the end of which faithful and efficient attendants are entitled to promotion in either rank or pay, or both.

At the end of six months male attendants are entitled to two dollars per month extra and at the end of a year to two dollars more, making the maximum rate of wages for the ordinary attendant, not in charge of a ward, twenty-four dollars per month. Similarly, the nurses are entitled to an increase of one dollar at the end of each of these periods, making the maximum fourteen dollars per month, for nurses not in charge of wards. There is no other definite rule.

GENERAL.

Give the yearly per capita cost and the average purchase price of the staple articles of supply contained in the following table, as shown by the steward's books:

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Fruits, fresh	731 bushels	$1 79	$1 66	$1,308 49
Fruits, canned	.....	.....	.....	.....
Fruits, dried	1,807 pounds	11½	26	207 80
Vegetables, fresh	239,103 pounds	1½	4.563	3,586 54
Vegetables, canned	2,552 cans	9⅔	.313	246 69
Vegetables, dried	6,688 pounds	3	.255	200 54
Meats, fresh	240,404 pounds	7	21.41	16,828 28
Meats, salt	5,073 pounds	6	.37	304 38
Meats, smoked	15,453 pounds	9¾	1.91	1,506 66
Meats, canned	.....	.....	.....	.....
Poultry	1,958 pounds	10½	.26	205 59
Fish, fresh	25,232 pounds	6½	2.86	1,640 08
Fish, salt	6,094 pounds	6½	.503	396 11
Fish, dried	.....	.....	.....	.....
Flour, wheat	219,520 pounds	2½	6.854	5,388 00
Flour, graham	4,704 pounds	1 9/10	.115	90 00
Flour, rye	1,960 pounds	1 9/10	.047	37 50
Flour, buckwheat	1,325 pounds	1¼	.021	16 56
Corn meal	4,800 pounds	3¼	.198	156 00
Oat meal	15,000 pounds	3⅓	.636	500 00
Rice	6,230 pounds	5	.409	311 50

GENERAL — (*Concluded*).

ARTICLES.	Consumed during year,	Average purchase price.	Yearly per capita cost.	Total cost.
Hominy	175 pounds	$0 07½	$0 00.016	$13 12
Other cereals	.....	.....	.....	.....
Crackers	1,685 pounds	5	.116	92 67
Butter	38,452 pounds	22	10.76	8,459 44
Cheese	3,903 pounds	10	.496	390 30
Milk	419,700 pounds	2	5.339	8,394 00
Eggs	8,823 dozen	17	1.908	1,499 91
Tea	4,493 pounds	25	1.419	1,123 25
Coffee	8,555 pounds	17½	1.905	1,497 12
Sugar	49,732 pounds	5½	3.95	2,548 76
Molasses	559 gallons	30	.21	167 70
Syrup	1,350 gallons	30	.51½	405 00
Vinegar	961 gallons	14	.171	134 54
Salt	8,357 pounds	½	.053	41 78
Pepper	195 pounds	12	.03	23 40
Spices	799 pounds	8	.081	63 92
Liquors, distilled	136½ gallons	3 02	.52½	412 50
Liquors, vinous	99 gallons	1 50	.18	149 60
Liquors, malt	9½ barrels	6 00	.073	57 00
Total	.....	.....	.....	$58,404 13

NOTE.— Include in the above table farm and garden products, estimating the value of the same.



Fuel and Lighting.

1. Give the total and per capita cost of fuel, exclusive of wages, the average purchase price per ton of hard and soft coal, also the number of tons of each consumed.

The total cost of fuel, exclusive of wages, is $9,271.98; the per capita cost, $11.796. The average purchase price per ton of hard coal is two dollars and forty-eight cents; of soft coal two dollars and ninety cents. The number of tons of hard coal consumed per annum is 3,367.94; of soft coal, 297.92.

2. Give the total and per capita cost of lighting the hospital, exclusive of wages.

The total cost of lighting the hospital, exclusive of wages, is $2,492.99; the per capita cost is three dollars and seventeen cents.

3. Give the yearly and per capita cost of clothing.

The yearly per capita cost of clothing is seven dollars and forty-one cents; the total cost is $5,825.04.

4. Give the yearly per capita cost of bedding.

The yearly per capita cost of bedding is $7.14; the total cost is $5,609.89.

5. Give the yearly per capita and total cost of furniture.

The yearly per capita cost of furniture is three dollars and ninety-nine cents; the total cost is $3,138.29.

6. Give the yearly per capita and total coat of salaries of resident officers (including salary of treasurer).

The yearly per capita cost of salaries of resident officers (including salary of treasurer) is $18.96; the total cost is $14,900.

7. Give the yearly per capita and total cost of wages of all kinds other than officers' salaries.

The yearly per capita cost of wages of all kinds other than officers' salaries is seventy-four dollars and seventy-four cents; the total cost is $58,747.53.

8. Give the yearly per capita and total cost of attendants proper, including ward supervisors.

The yearly per capita of attendants proper, including ward supervisors, is thirty-three dollars and forty-six cents; total cost $26,297.11.

9. Give the yearly per capita and total cost of medicines and medical stores and appliances.

The yearly per capita cost of medicines and medical stores and appliances is four dollars and forty-seven cents; total cost, $3,513.11.

10. Give the yearly per capita and total cost of managers' or trustees' expenses of all kinds.

The yearly per capita cost of managers' or trustees' expenses of all kinds is .037; total cost, twenty-nine dollars and twenty cents.

11. Give the yearly per capita and total cost of miscellaneous and all other items of expense for maintenance not included in the preceding ten items.

The yearly per capita cost of miscellaneous and all other items of expense for maintenance not included in the preceding items, is ninety-two dollars and thirty-two cents; total cost, $72,567.40.

12. Give the yearly per capita and total cost of maintenance, *inclusive of officers' salaries*, ordinary repairs and every other item of expense which may be properly charged to maintenance account.

The yearly per capita cost of maintenance, inclusive of officers' salaries, ordinary repairs and every other item of expense which may properly be charged to the maintenance account, is $241.93½; total cost, $190,160.30.

13. Give the total cost of extraordinary repairs and renewals, additional lands and buildings, or improvements of a special character.

The total cost of extraordinary repairs and renewals is $1,911.75.

APPROPRIATION REQUIRED.

Give an itemized schedule of the appropriations required for 1892, stating briefly the necessity for each item on the schedule.

The following is a schedule of the appropriations required for 1892. The necessity for each item has already been stated in detail in my report to the managers, a copy of which was in the hands of the commission.

Land, 300 acres, at $200 per acre	$60,600 00
Rearrangement of dining-room	8,000 00
New building for lumber shed, painter's and mason's supplies, fire apparatus, etc.	7,500 00

Hook and ladder truck	$525 00
Fire walls	1,500 00
Fire-proof staircase, 3, 8, 12, 5 and 9, male department	2,000 00
Fire-proof ceiling, 5, 8 and 9, male department	1,000 00
Water supply (ten-inch pipe to replace old six-inch pipe),	4,800 00
New covered cistern, $5,500, and repairs to old, $300	5,800 00
New tin roofing	2,000 00
Cornices and gutters, laundry and pump-room building	800 00
Repairs to three wards, male department	1,500 00
New wood work, ward 8, male department	1,800 00
Extension of wash-house	590 00
New machinery for wash-house	2,200 00
Addition to piggery	2,000 00
Fences	1,485 00
Stone walks	1,500 00
Portable engine	450 00
Pipe and bolt machine	425 00
Thirty-seven-inch band saw	170 00
Repairs to shafting and friction clutches	1,500 00
Steam indicator	75 00
Electrical night clock (additions, alterations and repairs),	300 00
Water closet and urinal	200 00
Medical library, shelving	850 00
Medical library, fire-proof ceiling	80 00
Electrical department, repairs	250 00
Electrical department, new dynamo, 225 lights	500 00
New approach to assembly hall	400 00
New scenery and costumes for theatre	325 00
Total	$110,525 00

HUDSON RIVER STATE HOSPITAL.

This hospital was opened for the reception of patients in 1871. It is situated near the city of Poughkeepsie, and is easily accessible by private conveyance and by stage. It has a total of 633.15 acres. The estimated value of its real estate inclusive of buildings on the first of October, 1891, was $1,933,859.29, or a per capita cost for each patient according to the reported capacity of the institution on said date of $2,329.95. The value of its personal property

was $105,940.34. The number of acres of farm land under cultivation at that time was 600. The capacity of the institution is given at 830, and the daily average number under treatment for the year ending September 30, 1891, was 733.

The original site of this institution, costing $85,000, was presented to the State by the city of Poughkeepsie and the county of Dutchess.

Dr. Joseph M. Cleaveland is the medical superintendent, having been appointed in 1867. This hospital was the third in order of establishment, having been opened for patients in 1871.*

GENERAL OPERATIONS.

State generally the operations of the hospital for fiscal year ending September 30, 1891, giving the number and kind of buildings erected or completed during the year, or now in course of erection, the extraordinary repairs to buildings and other important improvements begun or completed during the year; also any new features in methods of management, together with a cursory review of the general results of the year.

The $3,000 appropriated for alterations in the main building to adapt it for occupancy by fifty additional patients have been expended and the work completed.

A new ice-house has been constructed and additional laundry machinery procured, all within the appropriations.

The amounts granted for painting in old and new buildings and for furniture and furnishings have been applied to these specific objects.

At the yearly cleaning of the reservoir, early in the season, a leakage was discovered on the outer slope of the main bank of the lower basin. Information was sent immediately to the State Engineer, Mr. Bogart, and by his direction, Mr. Wurtelle, the Deputy State Engineer made several examinations of the reservoir, and by his advice and under his inspection the work of repair was carried on and the safety of the structure secured. These unforeseen repairs drew heavily, to the amount of $4,985.64, on our funds for renewals, repairs and betterments. Electric-light plant, at a cost of $1,093.48, has been supplied to the wards for excited patients. New floors have been laid in the corridors, water-closets, lavatories, bath, clothing, linen, bed and sink rooms of second floors of blocks A and C. Defective

*The State Asylum for Insane Criminals is excepted as it is a part of the prison system considered.

doors in dormitories of blocks A, C and D have been replaced by twenty-four new ones. The renewals, repairs and betterments, in all their multifarious details, are daily classified under expenditures in the annual report for the year.

Care and Treatment.

1. State briefly your views on the care and treatment of the insane, with special reference to these points:

General Character of Medical Treatment.

In all cases, as soon as practicable after the admission to the hospital, a thorough physical examination should be made, and, in many instances, it will be found that the general health is poor, and not infrequently that diseased conditions of other organs than the brain exist, and, of course, their treatment should be commenced at once. In some cases the principal pathological conditions are apparently in the brain (*e. g.*), tumors, irritation, anæmia, hyperæmia, inflammation, etc. Tonic and supporting treatment is indicated when there is general debility. Tr. Cinch Co., or Tr. Gent. Co. with Vin. Xeric before meals. Easily digested and assimilated food, gentle laxatives, as preparations of rhamnus frangula, are frequently useful. In syphilitic cases, the mercurials, followed by large doses of potassium iodide, are indicated. In some cases no active medication is necessary, the patient simply requiring a rest, a complete change in his surroundings and mode of life; the regular habits, routine life and mild, judicious discipline of a properly-managed institution being all that is requisite to produce a marked change for the better. In cases of melancholia, tonics are almost always required; opium, and its preparations, are often very useful; caution, however, must be taken that the patient be not informed of the nature of the medicine taken lest a habit be formed. Whenever the stomach can tolerate it cod-liver oil should be given. Strychnine, arsenic, and the iron preparations, are also often prescribed with benefit. The bromides seldom have a good effect in melancholia. In all cases of insanity it is essential to have plenty of fresh air and as much outdoor exercise as the patient's physicial condition will permit. When there is much motor excitement and insomnia warm baths will be found to be very beneficial, and where there is cerebral congestion cold applications to the head should be ordered (*e. g.*), cold water, Raspail' eau sedative, the ice skull cap, the cold water coil, etc., also repeated emplast, vesic, *post aura*. Where there are suicidal tendencies the patient should sleep in an associate dormitory, or, what is better, under the eye of a night nurse. In cases of maniacal excitement, where there are no physical contra-indications,

the prolonged hot baths at night, with cold applications to the head, are often exceedingly useful in quieting excitement and procuring sleep. Choral, Tr. hyoscyamus, sulphate of hyoscamine, hydrobromide of hyoscine and the bromides are the drugs that have been found at this hospital to be the most useful in this condition, but here as in melancholia the tonic and nutrient treatment are usually indicated. Quieting and sleep-producing medicines should always be cautiously and sparingly prescribed. The number of patients in this hospital that take sleeping draughts is always small, seldom more than five or six and often not more than two or three. No patient is put on "sleeping medicine" nightly, but each and every dose is prescribed by the attending physician on the day it is to be taken, and no dose of medicine is renewed without a fresh prescription from a physician. Sulphonal and paraldehyde we have found to be very valuable hypnotics in cases of simple insomnia. Fresh cases of hæmatoma auris are treated moderately successfully by blistering or the application of tr. iodine. Without doubt the best treatment for epileptics consists in a judicious administration of the bromides. Many epileptics are subject to indigestion, dyspepsia and constipation. It is, therefore, of great importance that their diet be carefully regulated and that when necessary, laxatives and cathartics be administered. Nitrite of amyl is useful often where there is anaura and in some cases of the status epilepticus; in the latter condition rectal injections of choral are often of use. But little can be done for cases of senile dementia except to make them comfortable physically, give them tonics, and when indicated alcoholic stimulants. Keep the bowels regulated and keep them in as equable a temperament as possible. In alcoholic cases chloral and bromides are often of great service in procuring sleep, and in the subsequent tonic treatment strychnine deserves a very high position. Some cases of insanity require but very little personal attention, others require a great deal; in fact "individualized treatment" is at times absolutely necessary. Good and intelligent nursing should form a great part of the treatment of insanity, and in order to obtain this, nurses, male and female, that have had experience in general hospitals, or men and women of more than the average intelligence of those who usually apply for positions in institutions for the care of the insane, should be employed.

2. Medicines, how prescribed, dispensed and how and by whom administered, whether by "single dose" system or otherwise.

Medicines are prescribed by the physicians. The prescriptions are entered in a book at the drug store, and are then posted in the "Pre-

scription record." Medicines are dispensed by the apothecary, and delivered on the wards by the supervisors.

The "single dose" system is adhered to with the exceptions noted in question three, following:

3. What class of medicines, if any, are kept on the wards and in whose custody kept? State if poisonous drugs of any kind are kept on the wards and what precautions are taken in the use of the same.

Medicines, such as cod liver oil, simple cough mixtures, liniments, ointments, etc., are kept on the wards, but they are plainly labeled with full directions in writing, and are kept in a medicine closet especially provided for the purpose, and with a special lock, all being in charge of the head attendant of the ward. No drugs in poisonous doses are kept on the wards.

4. Extra diet for sick and feeble, stating the variety provided, by whom ordered and the method of insuring its reaching those for whom it was ordered.

Extra diet is ordered by the attending physician for the sick and feeble, and consists of milk, eggs, custards, chicken and mutton broths, various kinds of soups, beef tea and essence, broiled chicken, beefsteaks, mutton-chops, farina, rice, etc. The orders are given to the head attendant, who sends them to the kitchens, and the attendant is held responsible for the extra diet reaching those for whom it was ordered.

5. Artificial feeding or forced alimentation; state the rule of practice as to (*a*) methods of feeding; (*b*) on whose order and by whom done; (*c*) usual length of time permitted to elapse after a patient refuses to eat before feeding is resorted to; (*d*) how often the feeding process is usually repeated in a given case during the day of twenty-four hours; (*e*) forms in which foods are forcibly administered.

(*a*) Two methods of forced alimentation are used, through the mouth and through the nose, and with a tube passed into the esophagus. In some cases artificial feeding is accomplished by the rectum.

(*b*) Ordered by the physician and always done by a physician.

(*c*) The length of time following the refusal of food before resorting to the tube depends upon the patient's general condition. In some forms of insanity, especially that of acute melancholia, forced alimen-

tation should be used almost as soon as the patient refuses to eat voluntarily. If the patient is strong and there is no immediate danger of exhaustion it is well to wait a day or two. Where refusal of food proceeds from anorexia or gastric disturbances proper medication is indicated.

(*d*) In ordinary cases twice in twenty-four hours; in exceptional cases three or four times a day.

(*e*) Liquid or semi-liquid (*e. g.*) milk, eggs and milk, farina, beef essence, strong soups, gruel, potatoes boiled and passed through a fine cullender and mixed with milk, etc.

MORAL TREATMENT.

1. State the facilities provided and methods in vogue for the entertainment and diversion of patients, including (*a*) amusement hall, its location, capacity, kind of entertainments for which it is adapted, and whether used for religious worship; (*b*) variety and average frequency of entertainments given therein; (*c*) band of music, and if so, whether composed of patients or employés, or both, or whether hired for the occasion; (*d*) number and kind of musical instruments provided for the use of patients, exclusive of those used by the band; (*e*) from what fund are amusements maintained or provided; (*f*) average number of patients who attend entertainments; and if a record of the number is kept; (*g*) frequency and denomination of religious worship, and average number of patients who attend such worship and compensation paid to clergymen; state approximately the number of patients of Roman Catholic faith and what provision, if any, is made for their spiritual requirements, including amount of compensation paid for the same; (*h*) rule as to arrangement for attention to the spiritual needs of the seriously sick and dying; (*i*) green-houses, if any, and estimated cost of same, to what extent approximately are flowers and foliage plants supplied to the wards, and what class of wards are so supplied; (*j*) generally, the extent to which the wards are supplied with pictures, bric-a-brac and other ornaments, also song birds, if any, and if these things are supplied to any extent to the "disturbed wards;" (*k*) have you a patients' library, and, if so, the number of volumes contained therein, and, approximately the number of patients who indulge in reading books; how is the library maintained? (*l*)

State approximately, the number of newspapers, magazines, etc., that are taken or received for patients' use; (*m*) practice as to taking patients out of doors for exercise; are disturbed patients regularly taken out, and how frequently? (*n*) Has your hospital a base-ball club, and, if so, what proportion of it is composed of patients? (*o*) State any other means of amusement or diversion provided for patients,

1. (*a*) The amusement-room is in the second story of the kitchen block, and is accessible to the women's wards through a closed corridor. It has a seating capacity for about 400, the seats being movable. It has a stage with side dressing-rooms, drop curtains and scenery, foot-lights, etc. It is adapted for concerts, theatrical entertainments, dances, etc. It is used for religious services.

(*b*) Concerts, private theatricals, etc. Frequency varies, averaging monthly or semi-monthly during winter months.

(*c*) During the summer months small bands or orchestras are hired to play for women patients on the lawns, and for men patients in their large dining-rooms and wards. A number of instruments, string and brass, belong to the hospital, but there is no organized band.

(*d*) Two pianos and two melodeons.

(*e*) Maintenance fund.

(*f*) About 300. Record is kept.

(*g*) Evening prayer is said according to Episcopal form on alternate Sunday evenings in the amusement-room and in the large dining-room of the men's department, the average attendance of men being about 130 and of women about seventy. The clergyman visits the wards from time to time, about once in two weeks, and is paid at the rate of $400 per annum. There are among the men patients 138 of the Roman Catholic faith; among the women patients 135 of the Roman Catholic faith. It has been the custom of the Roman Catholic clergy to hold one service at Easter time and to visit the hospital from time to time, their carriage hire only being paid by the hospital.

(*h*) The sick and dying of the Roman Catholic faith have the last rites administered by the clergy of their church.

(*i*) There are no facilities for supplying the wards with flowers and foliage plants. There is a small and dilapidated and rotten structure, built for a green-house sixty or more years ago, with a worn out and useless boiler.

(*j*) The men's sitting-rooms, with the exception of the disturbed wards, are supplied with pictures. Pictures are needed on about one-

half of the women's wards. There are no song birds at this time and no bric-a-brac.

(*k*) There is no library for the patients.

(*l*) Twenty illustrated weekly papers, ten monthly magazines, and several daily newspapers are supplied regularly. In addition to these, hundreds of magazines, illustrated papers, etc., being voluntary contributions, are distributed among the patients.

(*m*) All patients, except the physically disabled, those who resist going out, and those passing through periods of dangerous violence, etc., have outdoor exercise when the weather permits.

(*n*) There is no base-ball club at the present time.

(*o*) Lawn tennis (two grounds), croquet, frequent steamboat sails on the river in summer, and carriage drives in summer and sleigh rides in winter. A skating pond has been made.

2. Give the number and kinds of industrial occupations in which patients are engaged, and the average number of patients regularly employed in each; also separately the estimated value of the products of such occupations.

For men, farm and garden work, grading, road building, work in kitchens and laundry and bakery, mattress making, clerical work, and dining-room ward work. For women, sewing, mending, laundry and ward and dining-room work. The number at farming and gardening varies from fifty to eighty-five, at grading 100, in laundry twenty, in kitchen ten, dining-rooms (30+), in mattress making one, in bake-shop one, in clerical work two, in ward work (110+). The daily average of women employed was at ward work fifty-five, dining-room work thirty-nine, sewing and mending forty-two, laundry work twenty-five. No estimate is kept of value of such labor.

3. Do you use mechanical restraint, and, if so, what forms are used, and under what circumstances, and on whose order is it applied? Is seclusion of patients practiced and if so, to what extent and under what circumstances and at whose discretion is it resorted to? Is there a record kept of restraint and seclusion? Give separately the number of patients restrained and secluded during the year. Please state your views respecting the utility or necessity of mechanical restraint and seclusion in the treatment of the insane.

Mechanical restraint is resorted to occasionally in the form of camisole, waist strap, wristlets or mittens. It is never used except by order

of the physician. Seclusion is seldom resorted to, and only by the physician's orders, and for as brief a period as possible. A record is kept of restraint and seclusion. This record has the number of the ward, name of attendant in charge, date, name of patient, form of restraint, time when applied, time when removed, reasons stated by physician for ordering restraint and his signature. One man was restrained by camisole a few hours at a time in twenty instances on account of extreme suicidal or homicidal tendencies. One was restrained by camisole parts of three different days, and one had the camisole for five hours on one occasion for persistent suicidal attempts. One man was in seclusion for about two hours at a time, fifteen times, while passing through paroxysms of epileptic furor. One man was secluded two days for the same reason. Two have been secluded for a few hours each for dangerous violence. Thus of the 643 men treated during the year, restraint was applied to three patients and seclusion of four patients.

In the women's department, one woman in belt four to nine hours daily for three days ; defaces walls, opposes care violently, sits nowhere but on the floor. One in camisole seven hours for one day ; destroys furniture and is very mischievous. One in mitts all the time for three days ; to prevent pulling out hair, picking blankets to pieces, etc. One in mitts all the time for nineteen days; picks hands and fingers. One in camisole all the time for ten days; suicidal. One in belt five hours for one day; violence, attacks others. One in belt for five hours for one day; noisy, intractable. One in camisole day and night for twenty-two days; to prevent self-abuse, picking face. Same one in camisole nights for forty-two days; to prevent self-abuse and picking face. Same one in belt two nights to prevent self-abuse and picking face. One in camisole nights for eighty-two days; suicidal, picks at cancer and pulls out hair. One in camisole some hours one day; extreme destructiveness. One in camisole nights for twenty-one days; picks face. Same one in camisole day and night for twelve days; picks face. One in belt nights for six days; violence, breaks windows. One in belt two hours one day; noisy and insubordinate. One in mitts day and night two days; dangerous, epileptic, and also destroys clothing. One in belt day and night for thirty-one days; breaks windows. In addition six persons have been restrained once (in one day) during the year. Three persons secluded now and then, sometimes daily, for excitability and attacks of violence.

Mechanical restraint is useful in rare and exceptional instances (*e. g.*) some surgical cases or where there are suicidal or homicidal tendencies

which can not be otherwise controlled. Of all forms of restraint, holding by the hands is the worst, and continued cell seclusion comes next.

4. If articles of furniture are fastened to the floor on the wards, state the kind and number of each, and the reasons why it is regarded as necessary.

In the sitting-rooms of first, second, fifth, sixth and ninth wards of the women's department the furniture is movable. The iron bedsteads are fastened to the floor in the patients' bed-rooms. The furniture is movable in the sitting-rooms of all the men's wards except A 1 and E 1 and 2, which are occupied by excited and dangerous patients. The iron bedsteads are fastened to the floor. Bed-room bedsteads are placed at such distance from the walls as to allow the physician to approach the patient from both sides for examination, and give a free circulation of air about the bed. Being fixed, the bedsteads can not be used to barricade the door. It is believed that fixed furniture conduces to the safety of patients in the wards for the disturbed and violent cases, although the experiment is being made gradually of removing the fastenings in these wards. All dining-room and bed-room chairs are movable.

5. If there are any airing courts attached to the hospital, state how many and the location, extent and arrangement of each, and the reason why they are regarded as necessary.

The women have two airing courts; the men have none. The courts are immediately in the rear of the wards for excited women. Each contains a little over 20,000 square feet of land, and has its benches, shelter-house and earth closet. They enabled the more disturbed class of patients to be in the open air for the greater part of the day.

BATHING.

1. How frequently are patients regularly bathed; what are your rules as to bathing of "filthy" patients, supervision of bathing, renewing the water and regulating its temperature; to what extent is the bathing supervised by a medical officer, and are any patients permitted to bathe without the presence of an attendant; are sheets used for drying patients when bathing, and to what extent are bathing towels allowed; have you a spray bath in operation, and do you regard that method of bathing patients

with favor? State your views as to the propriety of allowing patients to bathe unattended.

All patients bathe once a week, except cases where the physician directs otherwise. Patients when soiled are always given a full or sponge bath, the latter being used if patient is weak. The bathing is under the immediate supervision of the head attendant of the ward and his assistants. The water is renewed for each bath. The ordinary temperature of the water is from ninety to ninety-five. In the male department the bath-rooms are usually visited on bathing days by the physician, and hot and other baths ordered for medical purposes are directly supervised by a medical officer. A few convalescent or trusty cases are allowed to bathe without the presence of an attendent. Sheets are not used for drying purposes, but all patients have an ample supply of bath-towels. There is no spray bath at this hospital. The majority of patients should not bathe unattended, but among the convalescent and trusty there are some whose innate modesty and refinement will rebel against bathing in the presence of others. In these cases there is an attendent outside the bath-room door, which is pushed to but not locked.

Clothing and Bedding.

1. What is the general character of clothing supplied to public patients? How much does it vary with the seasons and how often is patients' underclothing regularly changed?

The men in winter have a low grade of workingmen's suits, part wool; cotton shirts, part wool underwear, shirts and drawers; cotton and woolen stockings, cardigan jackets, boots, shoes and slippers, and to some extent rubber boots. In summer they wear cottonade suits, cotton shirts and underwear, cotton stockings; footwear same as in winter. In winter the women have cheviot dresses, cotton and woolen skirts, beaver shawls, knitted undervests, canton flannel drawers, chemises, shoes, cotton stockings, hoods; in summer, calico and gingham dresses, light underwear, skirts, stockings, etc. Underclothing is changed weekly and oftener if necessary.

2. What is the general character of patients' bedding, and how frequently are the sheets and pillow-cases regularly changed?

Hair mattresses, with hair and feather pillows, are provided; also cotton sheets and pillow-cases and woolen blankets. Sheets are changed once a week, but in clean and quiet cases the upper sheet is made to do service as an under sheet for the succeeding week. Pillow-cases changed weekly, and those for filthy patients whenever they are soiled

3. Is the bedding changed during the night in case of soiling?

Bedding is always changed at the time of soiling whether night or day.

State in full your arrangements for night service as to attendants, nurses and watchmen, and the duties prescribed for each class. Are filthy patients regularly taken up during the night? To what extent are the wards under medical supervision at night?

There are ten night watchmen for the men patients. The arrangement of the men's ward is such that 380 patients are constantly in sight of the night watch from the time they go to bed until they get up in the morning.

For the women patients there are four night watch women, also one watchman stationed in the center building within easy call in an emergency, also one outside watchman. The total night watch force is sixteen.

DINING-ROOM SERVICE.

Have you ward or associate dining-rooms? Are the dining-rooms in charge of special attendants (if women are in charge of men's dining-rooms, state the fact)? Do the attendants dine with the patients or separately, and, if the latter, before or after the patients' meals are served? To what extent is the dining-room service supervised by a medical officer.

The women's department has dining-rooms connected with the wards. There are two associate dining-rooms, one for 430 and one for 100; at the men's department also two ward dining-rooms. The dining-rooms are in charge of special attendants. Men attendants, except those in charge of the dining-rooms and those attending the sick, dine at the same time with the patients. On the women's wards the attendants, except those in charge of dining-rooms, dine after the patients' meals are served. The dining-rooms of the male department are inspected daily by the medical officer, and those of the women's department nearly as often.

VISITATION OF PATIENTS.

Have you special days or hours when visiting is allowed. If so, state them and whether the patient's friends are allowed to visit them on the wards or elsewhere. Are general visitors permitted to visit the wards promiscuously?

All days except Sundays are visiting days. Nominally from ten to four are hours for general visitors. Usually friends visit patients on their wards. General visitors are shown the arrangement of the wards for convalescents only.

Correspondence.

What is your practice as to delivering patient's letters unopened? State your objections, if any, to this practice.

Letters received for patients are always delivered unopened. Even were it not a violation of the law to open letters addressed to patients the expediency of such a practice might well be questioned, particularly as instances of abuse in the matter of correspondence are so exceedingly rare.

Recoveries and Deaths.

Give percentage of recoveries on number admitted.

21 per cent.

Give percentage of recoveries on daily average population.

12¼ per cent.

Give percentage of recoveries on whole number treated.

8$\frac{33}{41}$ per cent.

Give percentage of recoveries on number discharged.

37 per cent.

Of those discharged recovered the previous year, how many were readmitted prior to October 1, 1891?

Of those discharged recovered the previous year, six were readmitted prior to October 1, 1891, of this number two were discharged not insane during the fiscal year 1891.

Give percentage of deaths on number admitted.

21$\frac{171}{411}$ per cent.

Give percentage of deaths on average daily population.

13 per cent.

Give percentage of deaths on whole number treated.

8$\frac{147}{411}$ per cent.

Give percentage of deaths on number discharged.

38 per cent.

Give whole number of inebriates, that is, alcoholic, opium and other "narcotic habitués" discharged during the year and whether these are classed as "recovered" or "not insane."

Three alcoholic habitués discharged during the year "not insane."

RESIDENT OFFICERS.

Give the name, rank, date of employment, compensation, and previous experience, if any, of each resident officer; also salary of treasurer.

Joseph M. Cleaveland, superintendent; date of appointment, March 28, 1867; compensation, $4,500; previous experience, New York Hospital, three years; Utica Insane Asylum, nine years.

Selwyn A. Russell, first assistant physician; date of appointment, July 10, 1891; compensation, $3,000; previous experience, general hospital, eighteen months; Utica State Hospital, three years and nine months.

Charles H. Langdon, second assistant physician; date of employment, April 1, 1882; compensation, $1,500; previous experience, Hudson River State Hospital, four years, and general practice.

Ralph W. Parsons, fourth assistant physician; date of employment, July 19, 1890; compensation, $1,000; previous experience, none.

Isham G. Harris, fifth assistant physician; date of employment, November 20, 1891; compensation, $750; previous experience, one year as resident assistant physician at New York Infant Asylum, Mount Vernon, N. Y., and eleven months at New York City Asylum, Blackwell's Island, N. Y.

Caroline S. Pease, woman physician; date of employment, November 11, 1890; compensation, $1,200; previous experience, graduate of Women's Medical College of Pennsylvania, one year resident physician Woman's Hospital, Philadelphia, Pa., twelve years' general practice, and two years attending physician at Troy City Hospital, Troy, N. Y.

D. Porter Lord, steward; date of employment, December 2, 1885; compensation, $1,500; previous experience twenty-five years' commercial life.

Mary E. Gordon, matron; date of employment, September 6, 1888; compensation, $1,000; previous experience, graduate of Boston City Hospital Training School, four years at McLean Asylum, Somerville, Mass., served as supervisor three years at McLean Asylum.

Allison Butts, treasurer; salary, $1,000.

Subordinate Employés.

1. Give the number of employés other than resident officers, the capacity in which employed, compensation, and the number receiving the same compensation in each occupation, specifying whether men or women.

Whole number of employés 218, classified as follows:

One storekeeper, man	$75 00
One clerk, man	75 00
One stenographer, typewriter and telegrapher, women	40 00
One tailor, man	28 00
One mattress-maker, man	35 00
One seamstress, woman	24 00
One clothing clerk, woman	22 00
Two cooks, men	50 00
One cook, man	32 00
One butcher, man	30 00
Three kitchen helpers, men	22 00
One kitchen helper, man	30 00
Four kitchen helpers, men	18 00
One baker, man	50 00
One baker, man	40 00
One launderer, man	55 00
One laundry sorter, man	25 00
One laundress, woman	20 00
Eight laundresses, women	15 00
One laundress, woman	14 00
One laundress, woman	13 00
Three chambermaids and waitresses, women	16 00
One chambermaid and waitress, woman	15 00
Two chambermaids and waitresses, women	14 00
One dining-room waitress, woman	14 00
One supervisor, woman	45 00
One night watch, woman	19 00
Two night watches, women	17 00
Nine attendants, women	20 00
Four attendants, women	17 00
Six attendants, women	16 00
Seven attendants, women	15 00
Nine attendants, women	14 00
Sixteen attendants, women	13 00

One attendant, man	$30 00
One supervisor, man	33 00
One night watch, man	31 00
One hall boy, man	19 00
One messenger boy, man	9 00
One night watch, man	36 00
One night watch, man	25 00
Two night watchers, men	20 00
One night watch, man	19 00
One night watch, man	18 00
Two attendants, men	28 00
Three attendants, men	27 00
Two attendants, men	25 00
Four attendants, men	24 00
Three attendants, men	23 00
Nine attendants, men	22 00
Three attendants, men	21 00
Six attendants, men	20 00
One attendant, man	19 00
Thirty attendants, men	18 00
One apothecary, man	40 00
One day watchman, man	50 00
Two night watchmen, men	50 00
One engineer, man	85 00
One assistant engineer, man	75 00
One pumpman, man	57 00
Four firemen, men	60 00
Four helpers, men	50 00
One electrician, man	70 00
Two carpenters, men	55 00
One carpenter, man	100 00
One carpenter, man	40 00
One tinsmith, man	70 00
One farmer, man	45 00
Three farmers, men	40 00
One hostler, man	45 00
One stableman, man	20 00
Two teamsters, men	22 00
One teamster, man	36 00
One choreman, man	35 00
One gardener, man	40 05

One yardman, man	$30 00
One dairyman, man	25 00
One poulterer, man	10 00

Temporary Employés.

One clerk, man, per hour	$0 36
Three carpenters, men, per hour	33⅓
One carpenter's helper, man, per hour	08
One tailor, man, per hour	22
One tailor, man, per hour	20
One choreman, man, per day	1 50
Four laborers, men, per hour	20
One laborer, man, per day	1 00

2. Give the ratio of employés of all kinds to patients?

1 to $3\frac{79}{215}$.

3. Give the annual per capita cost per patient of all employés?

$79.12.

4. Give the ratio of attendants exclusively occupied on the wards to patients?

1 to 9.

5. Give separately the ratio of wages paid men and women attendants on entering the service?

Men, $18.00 per month; women, $13.00 per month.

6. Give separately the maximum rate of wages paid men and women attendants?

Men, $28.00 per month; women, $20.00 per month.

7. State the rule, if any, governing the promotion in rank and pay of attendants?

After faithful and efficient service.

8. Is there any definite term or period at the end of which faithful and efficient attendants are entitled to promotion in either rank or pay, or both?

At the end of two years, after graduating from the training school.

GENERAL — (*Concluded*).

ARTICLES.	Consumed during year.		Average purchase price.	Yearly per capita cost.	Total cost.
Salt	13	sacks	$1.477	.....	.....
Salt	16	bushels	.4231	$0.1130	$96 22
Pepper	271¼	pounds	.18146	.0675	49 22
Spices	229¾	pounds	.2545	.....	.....
Spices	31	bottles	.4822	.0999	73 33
Liquors, distilled	103½	gallons	2.60¼	.3621	265 75
Liquors, vinous	134	gallons	1.22537	.....	164 20
Liquors, vinous	1	bottle	.....	.2257	1 50
Liquors, malt	38½	casks	12.00	.6294	462 00
Total	.....		.....	$85.3112	$62,611 91

ARTICLES.	Produced during year.		Average price.	Yearly per capita value.	Total valuation.
Oats	1,000	bushels	$0.50	$0.6812	$500 00
Rye	550	bushels	.80	.5991	440 00
Turnips	650	bushels	.20	.1771	130 00
Green corn	3,116	dozen	.18	.7642	560 88
Tomatoes	370	bushels	.2543	.1282	94 10
Cucumbers	23,000		.0014	.0786	57 70
Cabbage	18,000	heads	.04	.9810	720 00
Rye straw	45	tons	11.00	.6744	495 00
Hay	350	tons	12.00	5.7226	4,200 00
Corn	400	bushels	.75	.4087	300 00
Corn stalks	2,800	bundles	.035	.1335	98 00
Green feed for cows	75	tons	4.00	.4087	300 00
Beets	457	bunches	.05	.0311	22 85
Beets	3,022	bushels	.25	1.0293	755 50
Carrots	285	bundles	.02	.0077	5 70
Carrots	625	bushels	.25	.2128	156 25
Onions	360	bushels	.75	.3678	270 00
Parsnips	75	bushels	.25	.0255	18 75
Celery	1,768	heads	.07	.1686	123 75
Potatoes	6,000	bushels	.50	4.0876	3,000 00
Spinach	308	bushels	.60	.2517	184 80
Lettuce	400	heads	.03	.0163	12 00
Lettuce	130	bushels	.70	.1239	91 00
Radishes	1,182	bundles	.02	.0322	23 64
Radishes	40	bushels	.50	.0273	20 00

GENERAL—(*Concluded*).

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Salt	13 sacks	$1.477	.....	.....
Salt	16 bushels	.4231	$0.1130	$96 22
Pepper	271¼ pounds	.18146	.0675	49 22
Spices	229¾ pounds	.2545	.....	.....
Spices	31 bottles	.4822	.0999	73 33
Liquors, distilled	103½ gallons	2.60¼	.3621	265 75
Liquors, vinous	134 gallons	1.22537	.....	164 20
Liquors, vinous	1 bottle	.....	.2257	1 50
Liquors, malt	38½ casks	12.00	.6294	462 00
Total	.....	.....	$85.3112	$62,611 91

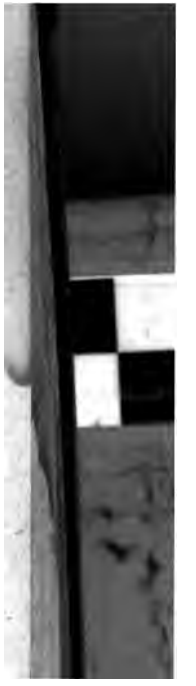
FARM AND GARDEN PRODUCTS.

ARTICLES.	Produced during year.		Average price.	Yearly per capita value.	Total valuation.
Oats	1,000	bushels	$0.50	$0.6812	$500 00
Rye	550	bushels	.80	.5991	440 00
Turnips	650	bushels	.20	.1771	130 00
Green corn	3,116	dozen	.18	.7642	560 88
Tomatoes	370	bushels	.2543	.1282	94 10
Cucumbers	23,000		.0014	.0786	57 70
Cabbage	18,000	heads	.04	.9810	720 00
Rye straw	45	tons	11.00	.6744	495 00
Hay	350	tons	12.00	5.7226	4,200 00
Corn	400	bushels	.75	.4087	300 00
Corn stalks	2,800	bundles	.035	.1335	98 00
Green feed for cows	75	tons	4.00	.4087	300 00
Beets	457	bunches	.05	.0311	22 85
Beets	3,022	bushels	.25	1.0293	755 50
Carrots	285	bundles	.02	.0077	5 70
Carrots	625	bushels	.25	.2128	156 25
Onions	360	bushels	.75	.3678	270 00
Parsnips	75	bushels	.25	.0255	18 75
Celery	1,768	heads	.07	.1686	123 75
Potatoes	6,000	bushels	.50	4.0876	3,000 00
Spinach	308	bushels	.60	.2517	184 80
Lettuce	400	heads	.03	.0163	12 00
Lettuce	130	bushels	.70	.1239	91 00
Radishes	1,182	bundles	.02	.0322	23 64
Radishes	40	bushels	.50	.0273	20 00

FARM AND GARDEN PRODUCTS — (*Concluded*).

ARTICLES.	Produced during year.		Average price.	Yearly per capita value.	Total valuation.
Peas	158	bushels	$0.75	$0.1614	$118 50
String beans	297	bushels	.70	.2832	207 90
Lima beans	141	bushels	.80	.1536	112 80
Melons	1,711		.04	.0932	68 44
Apples	75	barrels	1.25	.1278	93 85
Peaches	50	baskets	.40	.0273	20 00
Strawberries	477	quarts	.12	.0780	57 26
Raspberries	173	quarts	.15	.0353	25 95
Currants	454	quarts	.10	.0618	45 40
Grapes	134	pounds	.03	.0058	4 27
Pears	46	bushels	.25	.0156	11 50
Plums	17	baskets	.75	.0153	11 25
Parsley	2,650	bushels	.02	.0722	53 00
Rhubarb	201	bushels	.05	.0136	10 05
Asparagus	649	bushels	.25	.2211	162 25
Leeks	600	bushels	.05	.0408	30 00
Sage	100	bushels	.04	.0054	4 00
Mint	100	bushels	.04	.0054	4 00
Marjoram	100	bushels	.03	.0041	3 00
Horse radish	400	pounds	.15	.0819	60 00
Okra	45	quarts	.10	.0061	4 50
Egg plants	53	quarts	.20	.0144	10 60
Celery	6,000	heads	.08	.6540	480 00
Celery plants, per M	3,000		4.50	.0183	13 50
Tomato plants, per M	3,000		2.50	.0102	7 50

Cabbage plants, per C	5		.25	.....	1 25
Milk	126,928	quarts	.04	6.9042	5,077 12
Eggs	20,275		.02	.5525	405 50
Chickens, killed	439		.50	.2991	219 50
Beef, killed	4,700	pounds	.06	.3842	282 00
Pork, killed	13,571	pounds	.065	1.2019	882 11
Totals	.....		.....	$28.704	$21,066 92



Fuel and Lighting.

1. Give the total and per capita cost of fuel, exclusive of wages, the average purchase price per ton of hard and soft coal; also the number of tons of each consumed.

ARTICLE.	Consumed during year.		Average purchase price.	Yearly per capita cost.	Total cost.
Egg	136 17/20	tons	$4.5766	$0.851	$625 17
Grate	5,688 4/20	tons	4.28664	33.223	24,383 28
Chestnut	5 1/2	tons	6.272	.047	34 50
Stove	11	tons	6.2045	.093	68 25
Charcoal	23,573	pounds	.01	.321	235 73
Pea coal	318 1/20	tons	3.6199	1.570	1,151 31
Freight on coal	.....		.....	6.466	4,745 60
Total	.....		.....	$42.571	$31,243 84

2. Give the total and per capita cost of lighting the hospital, exclusive of wages.

2. The per capita cost was $3.747; the total cost was $2,749.53.

3. Give the yearly and per capita cost of clothing.

3. The per capita cost was $5.959; the total cost was $4,373.49.

4. Give the yearly and per capita cost of bedding.

4. The per capita cost was $1.694; the total cost was $1,243.50.

5. Give the yearly per capita and total cost of furniture.

5. The per capita cost was $0.889; the total cost was $652.69.

6. Give the yearly per capita and total cost of salaries of resident officers (including salary of treasurer).

6. The per capita cost was $21.851; the total cost was $16,037.20.

7. Give the yearly per capita and total cost of wages of all kinds other than officers' salaries.

7. The per capita cost was $79.027; the total cost was $58,000

8. Give the yearly per capita and total cost of attendants proper, including ward supervisors.

8. The per capita cost was $33.329; the total cost was $24,461.03.

9. Give the yearly per capita and total cost of medicines and medical stores and appliances.

9. The per capita cost was $2.936; the total cost was $2,154.55.

10. Give the yearly per capita and total cost of managers' or trustees' expenses of all kinds.

10. The per capita cost was $0.125; the total cost was $91.43.

11. Give the yearly per capita and total cost of miscellaneous and all other items of expense for maintenance not included in the preceding ten items.

11. The per capita cost was $79.627; the total cost was $60,016.51.

12. Give the yearly per capita and total cost of maintenance inclusive of officers' salaries, ordinary repairs, and every other item of expense which may properly be charged to maintenance account.

12. The per capita cost was $273.903 ; the total cost was $201,023.77.

13. Give the total cost of extraordinary repairs, renewals, additional lands and buildings, or improvements of a special character.

13. The per capita cost was $39.02468; the total cost was $29,285.35.

APPROPRIATIONS.

For deficiency in maintenance	$57,502 15
For repairs, concreting and paving reservoir	1,500 00
For additional farm land	10,000 00
For additional fire protection	10,000 00
For mortuary	4,000 00
For renewal of plumbing wards 4 and 8	6,500 00
For boiler for steam heating	3,000 00
For horse stable and wagon-house, storage-room for hay, and for vegetable cellar	12,000 00
For repairs to steam plant and steam engine	2,500 00
For painting of all of the buildings	2,500 00
For furniture	1,500 00
For general renewals, repairs and betterments	12,000 00
For books and pictures	1,000 00
For electric-light plant	9,000 00
For additional water supply	30,000 00
For building for emergency cases (thirty beds)	20,000 00
For extension of women's division to accommodate 120 patients	150,000 00
Total	$333,002 15

MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.

This hospital was opened for the reception of patients in 1874 — being the fourth erected in point of time. It is situated at the outer limits of the city of Middletown, and is accessible by private conveyance. It has a total of 281 acres. The estimated value of its real estate, inclusive of buildings on the 1st of October, 1891, was $927,500, or for each patient according to the reported capacity of the institution a per capita of $1,373.33. The estimated value of its personal property was $79,000. The number of acres of farm land under cultivation at that time was 210. The capacity

of the institution is given at 675, and the daily average number under treatment during the year ending September 30, 1891, was 709.

At the outset of this instituution there was one feature which materially differed from the foundation of the other State hospitals, namely, that to a limited extent it was endowed with a fund from private sources. The Legislature provided, among other things, as follows: "When the land already selected for the site and uses of said asylum, consisting of about 200 acres, shall have been provided for by private or municipal donations other than those from the State, and for which a good and warranty deed free from incumbrances shall have been obtained from the State, the Treasurer of the State shall pay on the warrant of the Comptroller a sum equal to twice the amount paid for the land aforesaid; and for each $10,000 donated and paid in the Treasurer shall pay twice the amount whenever called for until the amount of $150,000 shall have been paid."

A report of the institution dated December 1, 1871, shows among other things, as follows: "Gross amount received from private subscriptions, charity ball, etc., $40,713.73; from the State $44,000; total receipts $84,713.73. From this sum there was expended for the purchase of the farm for the site and uses of the asylum, containing about 200 acres, $34,816." The Legislature was subsequently induced to waive its requirements, as above quoted, after the sum of $40,713.73 received from private subscriptions had been paid in, and from that time the institution was built, completed and subsequently enlarged with money from the State treasury, to a total amount of nearly $1,000,000.

Dr. Selden H. Talcott is the medical superintendent, having been appointed in 1877. This is the only institution in the State which is specifically set apart by law to a particular school of medicine, namely, the homœopathic.

General Operations.

State generally the operations of the hospital for the fiscal year ending September 30, 1891, giving the number and kind of buildings erected or completed during the year, or now in the course of erection, the extraordinary repairs to buildings and other important improvements begun or completed during the

year; also any new features in methods of management, together with a cursory review of the general results of the year.

We present the following table showing the movements of population for the year ending September 30, 1891:

	Men.	Women.	Total.
Remaining October 1, 1890	322	284	606
Admitted during the year	176	179	355
Total number under treatment during the year	498	463	961
Average daily population	$366\frac{50}{365}$	$243\frac{65}{365}$	$709\frac{115}{365}$
Capacity of institution	...	...	675
Discharged during the year:			
As recovered	55	58	113
As not recovered	22	18	40
Died	28	15	43
Whole number discharged during the year,	105	91	196
Remaining September 30, 1891	393	372	765

Five building were erected or completed during the year, namely:

Two cottages for convalescent patients, one hospital annex, one memorial library hall, one laundry building quadrupled in size and furnished with new machinery.

A new dormitory has been constructed in the fourth ward of the main building by lowering the floor and ceiling of a room originally intended for chapel services. Important repairs were made in the piggeries and green-houses; and a new trestle, 100 feet long, was constructed for the purpose of increasing our facilities for receiving and storing coal. Two new boilers have been placed in the boiler-house, and a new iron smokestack has been erected. Repairs have been made throughout the boiler-house and the steam-heating plant of the establishment. A new sewer pipe has been laid from the cess-pools of the institution to connect with the city sewerage apparatus. Two buildings are now in process of construction—one for male patients, and one for female patients, and these, when completed, will accommodate about 225 patients.

The plan of affording protracted rest to the insane who come to us in exhausted physical condition is still continued. Those requiring constant care are kept in the hospitals or large dormitories, where they may be watched and nursed constantly night and day. The general results of the treatment may be observed by consulting the table at the head of this section.

CARE AND TREATMENT.

State briefly your views on the care and treatment of the insane, with special reference to these points:

GENERAL CHARACTER OF MEDICAL TREATMENT.

The general character of the medical treatment in vogue at the Middleton State Homœopathic Hospital, is strictly homœopathic.

2. Medicines, how prescribed, dispensed and how and by whom administered, whether by "single dose" system or otherwise.

We procure our medicines from reliable pharmaceutists and they are prepared according to the Hahnemannian method. As a rule, we administer the "single dose" and repeat that dose as often as seems compatible with the necessities of the patient. The use of the single remedy was advocated by Hahnemann about one hundred years ago, and his method of administering medicines is so continued by all true homœopathists down to the present time.

3. What class of medicines, if any, are kept on the wards and in whose custody kept? State if poisonous drugs of any kind are kept on the wards and what precautions are taken in the use of the same.

Homœopathic medicines properly attenuated are sent to each ward regularly, and placed in charge of the head nurse who keeps the medicines in a locked case in his or her room. No poisonous drugs in large quantities are kept on the wards, except disinfectants, and they are kept in a locked case in a locked room.

4. Extra diet for sick and feeble, stating variety provided, by whom ordered, and the method of insuring its reaching those for whom it was ordered.

Extra diet for the sick and feeble may consist of milk, beef-tea, bovinine, Mellin's or other prepared foods, eggs, fruits, meats, grain and vegetable preparations. These are ordered by the superintendent or one of the assistant physicians. A special diet list is furnished by the assistant physicians to the cook, and also to the dining-room attendant and head nurse on each ward. Consequently the attendant knows whether the food reaches the ward or not, and the supervisors and physicians make it their duty to see that all the patients get what is ordered.

5. Artificial feeding or forced alimentation; state the rule of practice as to (*a*) methods of feeding; (*b*) on whose order and by

whom done; (*c*) usual length of time permitted to elapse after a patient refuses to eat before feeding is resorted to; (*d*) how often the feeding process is usually repeated in a given case during the day or twenty-four hours; (*e*) forms in which foods are forcibly administered.

Artificial Feeding or Forced Alimentation.

(*a*) The artificial feeding is conducted by means of a soft rubber tube known as "Paine's nasal tube." This tube is inserted through the nose and passed on to the stomach, when liquid food is injected by means of a Hall's or Davidson's syringe. This feeding is conducted by trained nurses, with the aid of a supervisor or physician, or both, when deemed necessary. Sometimes forced alimentation is secured by injections per rectum.

(*b*) Artificial feeding and forced alimentation is administered upon the order of one of the attending physicians.

(*c*) A patient who refuses to eat is usually fed after having fasted from twenty-four to forty-eight hours, the condition of the patient being primarily considered. A weak patient would be fed forcibly, if need be, very shortly after admission, and if the case seemed to be one of starvation and in need of nutriment at once.

(*d*) Patients are fed by the tube two or three times every twenty-four hours.

(*e*) Foods are forcibly administered mostly in a liquid or semi-liquid form. We use milk, raw eggs, bovinine, beef-tea, Mellin's and other prepared foods.

MORAL TREATMENT.

1. State the facilities provided and methods in vogue for entertainment and diversion of patients, including (*a*) amusement hall; its location, capacity, kind of entertainments for which it is adapted, and whether used for religious worship; (*b*) variety and average frequency of entertainments given therein; (*c*) band of music, and if so, whether composed of patients or employés, or both, or whether hired for the occasion; (*d*) number and kind of musical instruments provided for the use of patients, exclusive of those used by the band; (*e*) from what fund are amusements maintained or provided; (*f*) average number of patients who attend entertainments, and if a record of the number is kept; (*g*) frequency and denomination of religious worship and average number of patients

who attend such worship and compensation paid to the clergymen; stating approximately the number of patients of Roman Catholic faith and what provision, if any, is made for their spiritual requirements, including amount of compensation paid for the same; (*h*) rule as to arrangement for attention to the spiritual needs of the seriously sick and dying; (*i*) green-houses, if any, and estimated cost of same; to what extent approximately are flowers and foliage plants supplied to the wards, and what class of wards are so supplied; (*j*) generally, the extent to which the wards are supplied with pictures, bric-a-brac, and other ornaments, also song birds, if any, and if these things are supplied to the "disturbed wards;" (*k*) have you a patients' library, and, if so, the number of volumes contained therein, and approximately the number of patients who indulge in reading books. How is the library maintained? (*l*) State approximately the number of newspapers, magazines, etc., that are taken or received for patients' use; (*m*) practice as to taking patients out of doors for exercise; are disturbed patients regularly taken out and how frequently? (*n*) Has your hospital a base-ball club, and if so, what proportion of it is composed of patients; (*o*) state any other means of amusement or diversion provided for patients?

1. The moral treatment of our patients may be stated as follows:

(*a*) There is an amusement hall located in the rear of the corridor leading from the main building to pavilion No. 1. It is so situated that the patients from the main building and the pavilions and the hospitals may pass to it without being exposed to the inclemencies of the weather. It is reached from all these buildings by means of suitably covered corridors. It has a capacity for about six hundred or seven hundred. It is adapted to all kinds of entertainments. The floor is level and smooth, and in good condition for terpsichorean exercises. It is adapted, likewise, to musical and theatrical purposes. On the Sabbath day it is used for religious worship.

(*b*) A dance is given for the benefit of patients and attendants in the entertainment hall every Monday evening the year round; also, as a rule, on the evenings of all legal holidays. Musical and literary entertainments are given by the patients themselves from time to time, and also by professionals when we have money to hire them. During the past year there have been sixteen elaborately devised entertainments, aside from the fifty or more dances.

(*c*) We have an orchestra of four pieces, consisting of a violin, cornet, piano and clarinet, but, as a rule, we hire one or two extra pieces for the regular dances. We have patients also gifted in the use of the accordion and banjo. The patients frequently give entertainments on the wards in addition to those held in the amusement hall.

(*d*) There are six pianos, nine organs and one violin (not a Cremona) for the use of our patients in the various wards.

(*e*) We have an amusement fund consisting of contributions from various sources, and when this fund is not sufficient to cover all expenses for amusement, we pay the bills from the maintenance fund.

(*f*) The average number of patients who attended entertainments is between 200 and 300. We have no complete record of those who attend entertainments; all are allowed to go when well enough.

(*g*) The clergy in the various churches in the city of Middletown take turns in conducting services for our patients. About 100 patients usually attend the Sunday afternoon services. Clergymen receive five dollars per Sunday. About 153 of the patients are of the Roman Catholic faith. Their spiritual requirements are attended to, from time to time, by the Roman Catholic clergy of Middletown. Father Lenos makes regular visits to the wards about once in two weeks, and other clergymen of the other denominations visit patients in the wards whenever requested to do so. No compensation is paid to any of the clergy for affording spiritual consolation to the patients in the wards.

(*h*) We always comply with the wishes of the friends of those who are seriously sick or dying, and send for any clergyman at any time when either the patient or the friends so desire.

(*i*) There are five green-houses. The main building cost about $1,200. The estimated cost of the remaining four green-houses is about $2,400. Flowers and foliage plants are supplied to the wards as freely as possible. If any patient wants a flower at any time, it can be had for the asking, and when flowers are plenty, they are scattered freely throughout the various wards of the hospital, and supplied to all who will accept them. Flowers and plants are supplied in the dining-rooms, day-rooms, and in the entertainment hall upon all possible occasions.

(*j*) As far as our financial ability extends, we furnish pictures, bric-a-brac, and practical adornment in all the wards. We have plenty of song birds on the farm, in the garden, and in the park; but have only a few in the "disturbed wards."

(*k*) We have a library for patients containing about 1,000 volumes. It is now kept in the new Memorial Library Hall, erected upon the

grounds of the institution through the generosity of the late Miss Leonora S. Bolles. Two hundred and nine of our patients are reading books. The library is maintained by occasional appropriations for books.

(*l*) About twenty daily newspapers are received and distributed upon the wards. About forty weeklies are used in the same way; and ten monthly publications are received, and these include the leading illustrated journals of the day. A large number of papers are sent directly to the patients by their friends, and we have no account of them. Also, about 200 copies of the *Conglomerate* are distributed weekly among the reading population of this institution. The patients seem to enjoy the means of acquiring interesting and useful facts through the mediums we have mentioned.

(*m*) It is the practice of this institution to take all patients who are able and willing to walk, out for exercise on every pleasant day. Occasionally a disturbed and dangerous patient is taken out singly by two attendants.

(*n*) This hospital has three base-ball clubs; two composed entirely of patients, and one composed mainly of employés who are trained in this work, for the purpose of affording amusement and diversion to a large number of those who can not play ball. The two clubs composed of patients play against each other on every pleasant afternoon throughout the entire season; while the club of employés play matched games with some visiting club on an average of about once a week during the season.

(*o*) The means of amusement or diversion provided for patients at this institution consists of the following:

Dances, excursions, rides, skating, hand ball, foot ball, croquet, Indian clubs, billiards, pool, cards, dominoes, chess, checkers, bagatelle, lotto, parchesi and halma.

2. Give the number and kinds of industrial occupations in which patients are engaged, and the average number of patients regularly employed in each; also, separately, the estimated value of the products of such occupations.

2. The following is a list of the industrial occupations, together with the average number of patients regularly employed in each occupation:

	Male.	Female.	Total.
General work	33	55	88
Ward	38	18	56
Dining-room	28	20	48
Laundry	12	..	12
Boiler-house	5	..	5

	Male.	Female.	Total.
Kitchen	3	..	3
Painting	2	..	2
Farm and garden	17	..	17
Sewing	..	9	9

It is difficult to estimate the value of patients' labor as it frequently cost as much to get the patient to do the work as it would to hire a regular employé to do it; but where it seems to benefit the patient we desire to afford the occupation. The value of the work accomplished in the sewing-room by patients during the past year is estimated at about $2,000. The value of the general or ward work, or other work, can not be readily computed. In affording occupation to our patients, we seek rather to benefit the patients themselves than to reap profit from their toil.

3. Do you use mechanical restraint, and, if so, what forms are used and under what circumstances and on whose order is it applied? Is seclusion of patients practiced, and, if, so to what extent and under what circumstances and at whose discretion is it resorted to? Is there a record kept of restraint and seclusion? Give separately the number of patients restrained and secluded during the year? Please state your views respecting the utility or necessity of mechanical restraint and seclusion in the treatment of the insane.

3. We have dispensed with the use of wood, iron and leather as means of restraint; and we use cloth alone at the present time; this cloth is prepared in the form of a protection sheet, and a necessary vest accompaniment. Sometimes we use padded sleeves and mitts. Patients, as a rule, are not secluded, although occasionally one is kept in a room by herself or himself in order to prevent the injury or disturbance of others. Seclusion in a single room is frequently allowed for the satisfaction of those patients who prefer to be by themselves. Restraints and seclusions are ordered by the physician in charge. A record is kept of protection and restraint, and is herewith incorporated.

	Males.	Females.	Total.
In protection sheet	5	159	164
In body waist	61	15	76
In mitts	20	3	23
	86	177	263
Restraint:			
Camisole			4

I believe that mechanical restraint should be avoided as far as possible, although if at any time it is necessary in order to save the life of the patient, or promote recovery, or prevent serious injury of others, it is a wise and commendable measure.

4. If the articles of furniture are fastened to the floor on the wards, state the number and kind of each and the reason why it is regarded as necessary.

4. As a rule, the furniture of this hospital is not fastened to the floor, with the exception of a few beds which are fastened to the floor to prevent the patients from banging them against the floor, thus loosening the plaster and endangering the lives of those below.

5. If there are any airing courts attached to the hospital, state how many and the location, extent and arrangement of each and the reason why they are regarded as necessary.

1. How frequently are patients regularly bathed; what are your rules as to bathing of "filthy" patients, supervision of bathing, renewing the water and regulating its temperature; to what extent is the bathing supervised by a medical officer and are any patients permitted to bathe without the presence of an attendant? Are sheets used for drying patients when bathing and to what extent are bathing towels allowed? Have you a spray bath in operation, and do you regard that method of bathing patients with favor? State your views as to the propriety of allowing patients to bathe unattended.

1. Patients are bathed regularly every week. "Filthy" patients are bathed as often as they become filthy; some of them requiring to be bathed in part, and afforded a change of clothing from twelve to sixteen times every twenty-four hours. The general bathing is supervised by the nurses, and by the supervisors, and by the physicians of the hospital. Fresh water is supplied to each patient, and the temperature is regulated by the nurses. Some of the patients who are trusted with a parole are allowed to bathe themselves without the presence of an attendant. In fact, all patients are bathed with as little annoyance from observation of the attendant as possible. The nurses are instructed to watch the patients while they are bathing to prevent injury, but as far as possible to avoid the appearance of watching, in order to avoid shocking the natural modesty of the genus homo. No sheets are used for drying patients at this hospital after bathing, but each patient is

allowed a clean towel. We have a spray bath set up and nearly ready for use, but we can not state at the present time its advantages. No patient should be allowed to bathe without attention, if there is any danger whatever of injury.

CLOTHING AND BEDDING.

1. What is the general character of clothing supplied to public patients? How does it vary with the seasons, and how often is patients' underclothing regularly changed?

1. The character of clothing supplied to public patients is necessarily, under the present rates for board and clothing, of a rather inexpensive nature. In summer the clothing is light, and in winter the clothing is as thick and warm as we can consistently acquire. Underclothing of the patients is changed regularly once each week, and oftener if soiled.

2. What is the general character of patients' bedding, and how frequently are the sheets and pillow-cases regularly changed?

2. We use throughout the entire establishment the cotton-felt mattress and this is durable and satisfactory. The sheets and pillow-cases are regularly changed each week, and oftener, if necessary.

3. Is the bedding changed during the night in case of soiling?

3. The bedding is changed during the night in case of soiling, and changed half a dozen times during a single night, if necessary. The rule is to change all soiled clothing and bedding just as soon as the soiling occurs.

NIGHT SERVICE.

State in full your arrangements for night service as to attendants, nurses and watchmen, and the duties prescribed for each class. Are filthy patients regularly taken up during the night; to what extent are the wards under medical supervision at night?

1. We have night watchers to patrol the basement, and each floor and ward throughout the entire institution every hour during the night, from 9 P. M. to 6 A. M. These night watchers use a key upon an electrical apparatus at each end of each ward, and the result is recorded in a central clock located in the assistant physician's office. These night watchers must attend to all patients outside of the hospitals, that is, they must supply them with drinking water, or nourishment, or change of clothing, or add more clothing whenever it is needful for the comfort of the patients. These night watchers keep a

record of all patients who are awake, and state in a book prepared for that purpose the number of hours of wakefulness of each insomnia case. These night watchers are charged with the duty of looking out for fire, for the escape of patients, and for accidents, or for unusual events of any kind.

In addition to the regular night watchers, we have night nurses, who at 7 o'clock each evening assume charge of the various hospitals in each of the buildings. These night nurses take up filthy patients regularly, and clean them during the night. In fact, they perform during the hours of darkness the same duties as the day nurses in the same place — watching over patients, quieting them when disturbed, feeding them when hungry, bathing them when filthy, and consoling and encouraging them at all times.

The wards are at all times under medical supervision ; that is, assistant physicians are always prepared to respond to any call in behalf of a sick patient, and the night nurses are instructed to call a physician whenever there is any sudden or dangerous change in the condition of any patient in the institution. The superintendent and assistant physicians make special visits to the wards from time to time when very sick patients are under care.

Dining-room Service.

Have you ward or associate dining-rooms ; are the dining-rooms in charge of special attendants (if women are in charge of men's dining-rooms state the fact)? Do the attendants dine with the patients, or separately, and, if the latter, before or after the patients' meals are served? To what extent is the dining-room service supervised by a medical officer?

We have, as a rule, throughout the hospital ward dining-rooms. In the new hospital annex is an associate dining-room, where all the patients from the various halls in that building may be accommodated. The dining-rooms are in charge of special attendants. The patients dine first, being waited upon by the attendants, and the attendants dine after the patients are through. Extra meals from the kitchen are sent for the nurses about three-fourths of an hour after the patients' meals are sent to the ward dining-rooms. The dining-rooms of the institution are inspected, as a rule, daily by members of the medical staff.

Visitation of Patients.

Have you special days or hours when visiting is allowed? If so, state them, and whether the patients' friends are allowed to visit them on the wards or elsewhere. Are general visitors permitted to visit the wards promiscuously?

Our visiting days are all days except Saturdays, Sundays, and legal holidays. The hours for visiting are from 10 to 11.30 A. M., and from 2 to 4 P. M. Patients' friends are allowed, as a rule, to visit them on the wards, although sometimes a patient may be taken to the general reception room to see friends. General visitors are admitted quite freely to the various wards upon visiting days and during visiting hours.

CORRESPONDENCE.

What is your practice as to delivering patients' letters unopened? State your objections, if any, to this practice.

It is our practice to deliver all letters to patients unopened. If we find that the letters which a patient receives are working injury to the mind of the patient, we request the friends either to change the tone of their letters, or to refrain for the time being from injuring the patient by unwise correspondence. The friends of some patients inclose letters to us unsealed, with the request that we deliver them or retain them, according to our judgment, as to the advisability of such a course. But, as a rule, we allow unrestricted correspondence between patients and their friends.

Give percentage of recoveries on number admitted.

31.83.

Give percentage of recoveries on average daily population.

15.93.

Give percentage of recoveries on whole number treated.

11.76.

Give percentage of recoveries on number discharged. Of those discharged recovered the previous year, how many were readmitted prior to October 1, 1891.

57.65. Of those discharged the previous year, ten were readmitted during the present year.

Give percentage of deaths on number admitted.

12.11.

Give percentage of deaths on average daily population.

6.06.

Give percentage of deaths on whole number treated.

4.47.

Give percentage of deaths on number discharged.

21.93.

Give whole number of inebriates; that is, alcoholic, opium and other "narcotic habitués," discharged during the year and whether these were classed as "recovered" or "not insane" in your report of discharges.

This institution is located in one of the smallest cities of the State. It is the custom, I think, of our officials in authority to send ordinary drunkards to the county poor-house at Orange Farm, when they need public care. Consequently, we have had no cases during the past year that could, in my judgment, be regarded as not insane. We have some cases of insanity caused by intemperance, but the mental aberation is just as marked and positive and profound as mental aberation caused by anything else. When the insane, from whatever cause, recover, we discharge them as recovered.

Give the name, rank and date of employment, compensation and previous experience, if any, of each resident officer; also salary of treasurer.

Selden H. Talcott, M. D., medical superintendent; date of employment, April 24, 1877; salary, $4,500 per annum; had experience on Ward's Island previous to coming here; was chief-of-staff of the Homœopathic hospital; also had charge, for a time, of the Soldiers' Home, of New York city, and of the New York City Asylum for Inebriates; had charge of 150 of the male insane, occupying two of the general wards of the hospital.

George Allen, M. D., first assistant physician; date of employment, May 1, 1890; salary, $2,500 per annum; previous experience as an assistant physician in the Ward's Island Homœopathic hospital, New York city, and twelve years' general practice.

C. Spencer Kinney, M. D., second assistant physician; date of employment, December 1, 1880; salary, $2,000 per annum; had experience in the Homœopathic hospital on Ward's Island, New York city, and also at this hospital; previous to appointment he performed the duties of second assistant during the illness of Dr. N. Emmons Paine.

Daniel H. Arthur, M. D., third assistant physician; salary, $750 per annum; he was employed as an interne at the hospital May 1, 1887, and was appointed third assistant physician December 9, 1888.

John Cochran, steward; date of employment, September 1, 1874; salary, $2,000; family lives in the city, and is not boarded at the hospital.

U. T. Hayes, treasurer; salary, $900 per annum.

SUBORDINATE EMPLOYÉS.

Give the number of employés other than resident officers, the capacity in which employed, compensation, and the number receiving the same compensation in each occupation, specifying whether men or women.

The subjoined table shows the whole number of employés other than resident officers, the capacity in which employed, compensation, and the number receiving the same compensation in each occupation, classified by sexes.

OCCUPATION.	Male wages per month.	Number.	Female wages per month.	Number.
Supervisors	$80 00	1	$50 00	2
Head nurse	.....	....	51 00	1
Head attendants	38 00	1	35 00	6
Head attendants	37 00	3	30 00	1
Head attendants	35 00	2	29 00	1
Head attendants	34 00	1	.....	....
Head attendants	29 00	1	.....	....
Head attendants	28 00	1	.....	....
		9		8
Second attendants	30 00	1	35 00	1
Second attendants	29 00	2	32 00	1
Second attendants	28 00	1	26 00	1
Second attendants	27 00	1	24 00	1
Second attendants	22 00	2	23 00	1
Second attendants	19 00	1	.....	....
Second attendants	18 00	1	.....	....
		9		5
Dining-room attendants	26 00	2	24 00	1
Dining-room attendants	21 00	1	21 00	1
Dining-room attendants	20 00	1	17 00	2
Dining-room attendants	18 00	1	15 00	1
Dining-room attendants	.....	....	14 00	1
		5		6

Subordinate Employés — (*Continued*).

OCCUPATION.	Male wages per month.	Number.	Female wages per month.	Number.
Night nurses	$34 00	1	$28 00	1
Night nurses	31 00	1	25 00	1
Night nurses	30 00	2	24 00	1
Night nurses	25 00	2	19 00	1
Night nurses	24 00	1	.....	....
Night nurses	23 00	1	.....	....
Night nurses	20 00	1	.....	....
		9		4
Attendants	26 00	1	23 00	1
Attendants	25 00	1	21 00	1
Attendants	24 00	3	19 00	3
Attendants	23 00	2	18 00	8
Attendants	22 00	5	17 00	1
Attendants	21 00	1	16 00	2
Attendants	20 00	5	15 00	3
Attendants	19 00	1	13 00	3
Attendants	18 00	5	12 00	3
		24		25
Total	.....	57	.....	51

OCCUPATION.	Male wages per month.	Number.
Assistant steward	$84 00	1
Clerks and secretary	46 00	1
Clerks and secretary	43 00	1
Clerks and secretary	39 00	1
Clerks and secretary	34 00	1
		4
Carpenters	50 00	1
Carpenters	30 00	1
		2

OCCUPATION.	Male wages per month.	Number.
Engineers	$84 00	1
Engineers	55 00	1
		2
Firemen	45 00	1
Firemen	38 00	2
		3
Steamfitters	50 00	1
Messengers	22 00	1
Messengers	18 00	1
Messengers	10 00	2
		4
Watchmen	52 00	1
Watchmen	24 00	1
		2
Laundry	57 00	1
Laundry	49 00	1
Laundry	17 00	1
		3
Help	27 00	1
Help	22 00	3
Help	20 00	2
Help	19 00	1
Help	18 00	9
		16
Total		38



Subordinate Employés — (*Continued*).

Occupation.	Male wages per month.	Number.	Female wages per month.	Number.
Cooks	$40 00	1	$21 00	1
Bakers	60 00	1		
Bakers	25 00	1		
		2		
Butcher	25 00	1		
Painters	25 00	1		
Painters	18 00	1		
Painters per day without board	1 50	1		
Painters per day without board	1 25	1		
		4		
Overseers	46 00	1	37 00	1
Farmer	40 00	1		
Coachman	24 00	1		
Seamstress	.....	....	26 00	1
Help	.....	....	23 00	1
Help	25 00	1	21 00	2
Help	22 00	1	20 00	1
Help	20 00	5	17 00	10
Help	18 00	2	16 00	1
Help	15 00	2	15 00	3
Help	.....	....	12 00	1
		11		19
Florists without board	70 00	1		
Gardener without board	56 00	1		
Help without board	40 00	1		
Help without board	37 00	1		
Help without board	30 00	1		
Help without board	25 00	1		
		4		
Total	.....	28	.....	22

1. Give the ratio of employés of all kinds to patients.

The ratio of employés of all kinds to patients is 1 to 3.61.

2. Give the annual per capita cost per patient of all employés.

The annual per capita cost per patient of all employés is $82.82.

3. Give the ratio of attendants exclusively occupied on the wards to patients.

The ratio of attendants exclusively occupied on the wards to patients is 1 to 8.1.

4. Give separately the wages paid men and women attendants on entering the service.

The ratio of wages paid men and women on entering the service is: Men, eighteen dollars per month; women, twelve to fourteen dollars per month.

5. Give separately the maximum rate of wages paid men and women attendants.

The maximum rate of wages paid men and women attendants is: Men, thirty-seven dollars per month; women, thirty-five dollars per month.

6. State the rule, if any, governing the promotion in rank and pay of attendants.

The promotion in rank and pay of attendants depends upon the efficiency displayed, upon the quality and amount of the work performed, and upon the length of service of the employé.

7. Is there any definite term or period at the end of which faithful and efficient attendants are entitled to promotion in either rank or pay, or both?

The term or period at the end of which faithful and efficient attendants are promoted depends upon the skill and usefulness developed. We have no fixed period for making promotions. One person may be promoted in a short time; another who is less competent and less efficient, would be compelled to serve during a longer probation than one who is active, bright, intelligent, and quick to comprehend and perform the duties of an attendant.

GENERAL.

1. Give the yearly per capita cost and the average purchase price of the staple articles of supply contained in the following table, as shown by the steward's books;

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Fruits, fresh	.....	.....	$3.872	$2,745 20
Fruits, canned, cans	48	$0.25	.017	12 00
Fruits, dried	.....	.....	1.540	1,092 41
Vegetables, fresh	.....	.....	2.856	2,024 78
Vegetables, canned, dozen	77	2.07	.226	159 98
Vegetables, dried	.....	.....	.637	451 49
Meats, fresh, pounds	205,005	.074	21.502	15,245 14
Meats, salt, pounds	1,409	.058	.116	82 40
Meats, smoked, pounds	6,445	.083	.756	536 54
Meats, canned, pounds	4,752	.071	.480	340 73
Poultry, pounds	6,558	.137	1.267	898 77
Fish, fresh, pounds	24,935	.063	2.237	1,586 49
Fish, salt, pounds	1,767	.081	.204	144 53
Fish, dried, pounds	3,119	.069	.366	217 41
Flour, wheat, barrels	400	5.944	3.353	2,377 50
Flour, graham, barrels	40	5.312	.299	212 50
Flour, rye barrels	33	4.462	.207	147 25
Flour, buckwheat, pounds	130	.032	.006	4 15
Corn meal, pounds	2,232	.024	.075	53 10
Oatmeal, barrels	52	6.973	.511	362 61
Rice, pounds	6,066	.046	.392	278 42
Hominy, pounds	6,818	.023	.223	158 75

YEARLY PER CAPITA COST, ETC. — (*Concluded*).

ABTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Other cereals	.....	.....	$0.123	$87 60
Crackers, pounds	3,672	$0.063	.329	231 77
Butter, pounds	31,060	.221	9.841	6,977 47
Cheese, pounds	3,839	.114	.619	439 13
Milk, quarts	355.464	.030	15.000	10,633 99
Eggs, dozen	14,624	.206	4.260	3,020 06
Tea, pounds	2,270	.290	.955	677 31
Coffee, pounds	5,475	.271	2.141	1,518 11
Sugar, pounds	46,080	.050	3.249	2,303 56
Molasses, gallons	259	.387	.141	100 27
Syrup, gallons	989	.333	.465	329 88
Vinegar, gallons	735	.175	.181	128 69
Salt, pounds	9,843	.010	.133	94 70
Pepper, pounds	180	.190	.048	34 25
Spices, pounds	64	.337	.030	21 55
Liquors, distilled, quarts	279	.793	.312	221 29
Liquors, vinous, quarts	316	.900	.401	284 48
Liquors, malt, quarts	120	.175	.030	21 00
Total	.....	.....	.....	$56,257 21

Fuel and Lighting.

1. Give the total (*a*) and per capita (*b*) cost of fuel, exclusive of wages; the average purchase price per ton of hard and soft coal (*c*); also, the number of tons of each consumed (*d*)?

(*a*) $12,199.61; (*b*) $17.20; (*c*) $2.407; (*d*) 5,068.45, all hard.

2. Give the total (*a*) and per capita (*b*) cost of lighting the hospital, exclusive of wages.

(*a*) $3,426.48; (*b*) $4.83.

3. Give the yearly per capita (*a*) and total cost of clothing (*b*).

(*a*) $8.32; (*b*) $5,901.32.

4. Give the yearly per capita (*a*) and total (*b*) cost of bedding.

(*a*) $6.17; (*b*) $4,379.83.

5. Give the yearly per capita (*a*) and total cost of furniture (*b*).

(*a*) $9.76; (*b*) $6,916.47.

6. Give the yearly per capita (*a*) and total (*b*) of salaries of resident officers, including salary of treasurer.

(*a*) $18.12; (*b*) $12,850.

7. Give the yearly per capita (*a*) and total (*b*) cost of wages of all kinds other than officers' salaries.

(*a*) $82.82; (*b*) $58,723.27.

8. Give the yearly per capita (*a*) and total (*b*) cost of attendants proper, including ward supervisors.

(*a*) $42.60; (*b*) $30,208.03.

9. Give the yearly per capita (*a*) and total (*b*) cost of medicines and medical stores and appliances.

(*a*) $1.64; (*b*) $1,165.18.

10. Give the yearly per capita (*a*) and total (*b*) cost of managers' or trustees' expenses of all kinds.

(*a*) $0.85; (*b*) $603.44.

11. Give the yearly per capita (*a*) and total (*b*) cost of miscellaneous and all other items of expense for maintenance not included in the preceding ten items.

(*a*) $109.91; (*b*) $77,929.83.

12. Give the yearly per capita (*a*) and total (*b*) cost of maintenance, *inclusive of officers'* salaries, ordinary repairs and every other item of expense which may properly be charged to maintenance account.

(*a*) $5; (*b*) $184,467.96.

13. Give the total cost of extraordinary repairs and renewals, additional lands and buildings, or improvements of a special character during the year.

$58,996.71.

APPROPRIATION REQUIRED.

Give an itemized schedule of the appropriations required for 1892, stating briefly the necessity for each item in the schedule.

New buildings for male patients	$75,000 00
Four cottages	24,000 00
Addition to boiler-house	3,000 00
New railroad trestle and change of alignment	2,500 00
Carriages and horses for the use of patients	1,000 00
Salary for another assistant physician	1,500 00
Kitchen ware	1,000 00
Salary of lady physician	1,200 00
Painting exterior of woodwork of three buildings	1,800 00
Carpets and furniture to replace worn out articles	4,000 00
For postage and stationery	2,000 00
	$117,000 00
For fire escapes	25,000 00
	$142 000 00

Deficiency in maintenance fund, to be estimated.

BUFFALO STATE HOSPITAL.

This hospital was opened for the reception of patients in 1880, being the fifth established in point of time. It is situated in the city of Buffalo, and is accessible by street car and private conveyance. It has a total of 203 acres of land. The estimated value of its real estate inclusive of buildings

October 1, 1891, was $1,548,362.90, or for each patient according to the reported capacity of the institution a per capita of $2,951.17. The value of its personal property was $60,624.59. The number of acres of farm land under cultivation at that time was 150. The capacity of the institution is given at 525, and the daily average number under treatment for the year ending September 30, 1891, was 509.

The site for this institution was donated by the city of Buffalo.

Dr. Judson B. Andrews has been its medical superintendent from the time of the opening of the institution.

General Operations.

State generally the operations of the hospital for fiscal year ending September 30, 1891, giving the number and kind of buildings erected or completed during the year, or now in course of erection, the extraordinary repairs to buildings and other important improvements begun or completed during the year; also any new features in methods of management, together with a cursory review of the general results of the year.

During the fiscal year ending September 30, 1891, there was completed one new building of stone to correspond in style with the rest of the hospital. It is located on the westerly side of the administration building, is of three stories, each containing one ward, and in all providing accommodations for 150 patients. The cost of this building was $199,776.76. It was occupied by patients on the twenty-sixth of June last. A new silo was built with a capacity of about eight thousand cubic feet; a new extractor and increased capacity for drying clothes have been put into the laundry; these were provided for by special appropriation. A new forcing house has been erected for raising carnations.

At the direction of the State Commission in Lunacy extensive changes and improvements have been made on the fire escapes on the ward buildings. Fire extinguishers have been placed on all the wards, and on the various stories of the administration building. These are in addition to the appliances formerly in use. An effort has been made to perfect the general system of management and to carry out the details more completely. An issuing and receiving clerk has been added to the list of employés, thus relieving the steward and bookkeeper of much routine labor.

The training school is still in successful operation, and from the benefit derived by our attendants we note improvements in the care and management of patients.

Additional means of occupation for patients have been supplied and in various directions we note a steady progress in the management of the hospital. A review of the work of the hospital for the year shows that there were a larger number of admissions, a larger number under care and a larger daily average population than in any year since the opening of the institution; and that the number discharged recovered was 25.34 per cent of the average population of the year.

CARE AND TREATMENT.

State briefly your views on the care and treatment of insane, with special reference to these points.

1. GENERAL CHARACTER OF MEDICAL TREATMENT.

The general character of the medical treatment of patients does not differ essentially from that employed in a general hospital, as nearly all patients received show decline in health and deterioration in physical condition. It is never forgotten that the institution is a hospital for the care and cure of the sick and not a mere receptacle for housing people. From this follows the individualized treatment of the patient and the adaptation of the medical treatment to each case, as examination and constant attention show to be necessary.

2. Medicines, how prescribed, dispensed, and how and by whom administered, whether by "single dose" system or otherwise.

All medicines are prescribed by the physician and the prescriptions are recorded in the apothecary shop in books prepared for the purpose. They are dispensed by the apothecary, who is a competent druggist and a graduate in pharmacy. They are dispensed in single doses, in small glass tumblers, in each instance labeled with the patient's name.

3. What class of medicines, if any, are kept on the wards and in whose custody kept? State if poisonous drugs of any kind are kept on the wards and what precautions are taken in the use of the same.

Occasionally a gargle, an eye-wash or liniment is sent to the wards in bottles; also bandages and dressings. These are placed in charge of the head attendant and kept under lock in the medicine cupboard in the attendant's room. Poisonous drugs are not kept on the wards.

4. Extra diet for sick and feeble, stating variety provided, by whom ordered, and the method of insuring its reaching those for whom it is ordered.

For extra diet for the sick and feeble, the following articles are subject to regular order: Milk, hot and cold, thickened, peptonized, eggs in every variety of cooking, oysters, steaks, custards, blanc mange, corn starch, toast, rice, egg nog, gruels, soups — chicken, beef, tomato — beef essence, jellies, marmalades, canned and fresh fruits, and any other articles deemed necessary by the physician are provided upon special order in individual cases. All orders for extra or special diet are given by the physician in charge. To insure its reaching the person for whom it is ordered the following system is used: The order in the patient's name and ward is given to the head attendant by whom it is noted. It is then handed to the supervisor of the wards who transmits it to the kitchen. If not sent to the wards as directed, the physician is at once informed by the head attendant; the physician also satisfies himself by inquiry of the attendant and of the patient that it reaches the person for whom it is ordered. Once a week the extra diet list, in printed form, is revised by the physician in charge of the ward.

5. Artificial feeding or forced alimentation; state the rule of practice as to (*a*) methods of feeding; (*b*) on whose order and by whom done; (*c*) usual length of time permitted to elapse after a patient refuses to eat before feeding is resorted to; (*d*) how often the feeding process is usually repeated in a given case during the day or twenty-four hours; (*e*) forms in which foods are forcibly administered.

(*a*) The method of feeding is adopted by the stomach tube of soft rubber as used in lavage, and where this can not be employed by rectal injection.

(*b*) It is done on the order of and by the physicians.

(*c*) The time allowed after refusal before forced feeding is resorted to varies from one and a half to three days, according to the physical condition of the patient.

(*d*) Food is administered twice within the twenty-four hours.

(*e*) Liquid foods only are administered. Those usually administered are milk, milk and egg, gruels made with milk, soups in variety, beef essence and egg nog. To any of these, of course, stimulants or other medicines can readily be added.

MORAL TREATMENT.

1. State the facilities provided and methods in vogue for the entertainment and diversion of patients, including (*a*) amusement hall, its location, capacity, kind of entertainments for which it is adapted, and whether used for religious worship; (*b*) variety and average frequency of entertainments given therein; (*c*) band of music, and if so, whether composed of patients or employés, or both, or whether hired for the occasion; (*d*) number and kind of musical instruments provided for the use of patients, exclusive of those used by the band; (*e*) from what fund are amusements maintained or provided; (*f*) average number of patients who attend entertainments; and if a record of the number is kept; (*g*) frequency and denomination of religious worship, and average number of patients who attend such worship and. compensation paid to clergymen; state approximately the number of patients of Roman Catholic faith and what provision, if any, is made for their spiritual requirements, including amount of compensation paid for the same; (*h*) rule as to arrangement for attention to the spiritual needs of the seriously sick and dying; (*i*) greenhouses, if any, and estimated cost of same, to what extent approximately are flowers and foliage plants supplied to the wards, and what class of wards are so supplied; (*j*) generally, the extent to which the wards are supplied with pictures, bric-a-brac and other ornaments, also, song birds, if any, and if these things are supplied to any extent to the "disturbed wards;" (*k*) have you a patients' library, and, if so, the number of volumes contained therein, and, approximately, the number of patients who indulgé in reading books; how is the library maintained? (*l*) State approximately the number of newspapers, magazines, etc., that are taken or received for patients' use; (*m*) practice as to taking patients out of doors for exercise; are disturbed patients regularly taken out, and how frequently? (*n*) Has your hospital a base-ball club, and, if so, what proportion of it is composed of patients? (*o*) State any other means of amusement or diversion provided for patients.

(*a*) The amusement hall is located in the fourth story of the administration building, and has a capacity for about 300. It is adapted for all kinds of entertainments and is also used for religious worship.

(*b*) The entertainments given consist of dancing, theatricals, minstrels, readings, lectures, concerts and stereopticon views. During the winter there is an average of about two entertainments weekly.

(*c*) There is an orchestra connected with the hospital, consisting of nine pieces, all employes. At times an orchestra is hired for dances.

(*d*) There are on the wards three pianos and three violins belonging to the hospital or to patients besides those used by the orchestra. There is also one grand piano and an organ in the chapel.

(*e*) As a rule entertainments are furnished without cost to the hospital. Any expense incurred is paid from the maintenance account.

(*f*) The average number attending the entertainments is about 200, and a record of the number is kept.

(*g*) Protestant religious services are held every Sunday afternoon and are attended by about 200 patients. A chaplain is employed at a compensation of $500, annually. He exchanges freely with all the Protestant denominations of the city. There are approximately twenty-five per cent of Roman Catholics among the patients. They are visited freely and frequently by their own clergymen, and in all cases of serious illness receive the rites of the church. Those who are able attend service in a neighboring church. No compensation is paid for these services.

(*h*) Our rules for caring for the spiritual needs of the seriously sick and dying are — in the first place the friends of the patient are summoned and are allowed to make their own arrangements. In case the patient has no friends, if a Roman Catholic, the priest is sent for to perform the appropriate rites of the church. The chaplain spends a portion of one day of each week at the hospital and visits all who may desire to see and talk with him. He is also subject to call at other times, and always performs the funeral services over those who are not buried by their friends. The clergy of all denominations have full and free access to the patients at the hospital, at the request either of the patients or of their friends.

(*i*) We have one green-house erected at a cost of about $5,500, and two small forcing-houses, costing about $100 each. On seven of the wards, plants or flowers are regularly supplied. On the other wards they are supplied irregularly and to certain patients who like them and can care for them. The wards to which they are regularly supplied are occupied by the more quiet class of patients.

(*j*) Pictures are supplied on all the wards of the hospital; curtains and lambrequins on nearly all; carpets on six wards, and rugs made on a loom from worn-out material, on all the wards. Song birds are

on four of the more quiet wards. We have no bric-a-brac on any of the wards.

(*k*) The patients' library consist of 700 volumes, and the number of patients drawing books is about fifty. The library is maintained from the current fund, and to a small extent from a special appropriation of last year.

(*l*) There are regularly received for the use of patients about forty newspapers, dailies and weeklies, sent by the publishers. To these should be added one hundred copies of exchanges supplied weekly, and a number of local papers sent by friends to the patients directly through the mail. Others are sent at irregular intervals by friends of the hospital. The officers of the hospital also send to the wards the daily and weekly papers subscribed for personally; this makes a total of at least 300 newspapers weekly sent to the wards.

Of magazines the hospital subscribed for two copies of the *Century*, two copies of the *Cosmopolitan*, two copies of *Harper's Weekly*, and two copies of the *Ladies' Home Journal*. These are placed upon the convalescent wards, and after being read are sent to the other wards. Besides these we have presented to the hospital a large number of the back issues of the various American and foreign magazines. There are sent to the wards monthly about twenty-five numbers of magazines.

(*m*) All patients who are not regularly employed outside or who do not have parole of the grounds are taken out daily, when the weather is suitable, for air and exercise. This applies also to disturbed patients.

(*n*) The hospital has a base-ball club, composed of about six patients and three attendants.

(*o*) On the wards, during the evening mostly, patients play games, as cards, dominoes, checkers, chess, parlor croquet, and bagatelle. During the winter, card parties are held on the wards, attended by both sexes; also entertainments of a varied character are given on the wards by the patients and attendants. These consist of music, singing, recitations, declamations and short farces.

A school is held regularly for a certain class of the younger patients, with an average attendance of about fifteen.

2. Give the number and kinds of industrial occupations in which patients are engaged, and the average number of patients regularly employed in each; also separately the estimated value of the products of such occupations.

Patients are engaged in tailoring, shoemaking, mattress making, knitting and rug weaving in addition to the regular work of the house,

as, in the sewing-room, laundry, wash-house, bakery, kitchen, engine and boiler-house, carpenter-shop, barns, and in the season, on the farm, grounds, and in the garden. In the tailor-shop there are regularly employed eight patients; in the shoe-shop, two; in mattress making, seven; in knitting, six; in rug weaving, one; in sewing, twenty-five; in the laundry, forty; in the wash-house, three; in the bakery, two; in the kitchen, ten; in the engine and boiler-house, three; in the carpenter-shop, one, at the barns, seven. The rest of the patients employed are engaged in the work of the wards, in the dining-room and in other unclassified indoor and outdoor employments. I have no means at hand to estimate the value of the products of each occupation.

3. Do you use mechanical restraint, and, if so, what forms are used and under what circumstances and on whose order is it applied? Is seclusion of patients practiced, and, if so, to what extent and under what circumstances and at whose direction is it resorted to? Is there a record kept of restraint and seclusion? Give separately the number state your views respecting the utility or necessary of mechanical restrain and seclusion in the treatment of the insane.

Mechanical restraint is used in the following forms: Protection sheet, long-sleeved jacket, made of ticking, and canvas mitts. They are applied in each instance only by order of the physician. The protection sheet is used where it is necessary on account of feebleness, to keep the patient in bed and to prevent further loss of strength and vitality. The long-sleeved jacket and mitts are used for surgical cases to prevent removal of bandages or dressings and self-mutilations. Seclusion is used temporarily in periods of disturbance by order of the physician.

A record is kept of the use of restraint and seclusion: Restraint (mostly the protection sheet) was used in seventy-five cases; seclusion in forty-two.

Restraint and seclusion, under proper restrictions, are important and valuable modes of treatment, and neither medicines nor manual restraint can at all times take their places succesfully.

4. If articles of furniture are fastened to the floor on the wards state the number and kind of each and the reasons why it is regarded as necessary.

Some articles of furniture are fastened to the floor on the wards. Of these there is a total of fifteen beds, and eight chairs. The chairs are used for restraining patient when fed, and the bedsteads are

fastened to the floor to prevent maniacal patients from moving them about the room.

5. If there are any airing courts attached to the hospital, state how many and the location, extent and arrangement of each, and the reason why they are regarded as necessary.

There are no airing courts belonging to the hospital.

BATHING.

1. How frequently are patients regularly bathed; what are your rules as to bathing of "filthy" patients, supervision of bathing, renewing the water and regulating its temperature; to what extent is the bathing supervised by a medical officer, and are any patients permitted to bathe without the presence of an attendant; are sheets used for drying patients when bathing, and to what extent are bathing towels allowed; have you a spray bath in operation, and do you regard that method of bathing patients with favor? State your views as to the propriety of allowing patients to bathe unattended.

All patients are bathed weekly. "Filthy" patients are bathed as often as necessary for cleanliness. The supervisors on the wards have a general oversight of the bathing. The water is renewed for every patient, and every patient has a fresh bath. The temperature is regulated by the sensation of the patient and by the hand of the attendant. The medical officer of the division on the men's side looks after the bathing as he makes his daily rounds and gives directions regarding it.

On the women's side the matron and the woman physician inspect the bathing of patients. A few convalescent patients are allowed to bathe by themselves, but only by special permission of the medical officer. Sheets are never used in drying patients; a full supply of bath towels is furnished to all the wards and for all patients. We have no spray bath in use, but are putting one in. I think it can be used with success with a certain class of patients. I approve of patients bathing unattended only by permission of the medical officer given in each case.

CLOTHING AND BEDDING.

1. What is the general character of clothing supplied to public patients? How much does it vary with the seasons and how often is patients' underclothing regularly changed?

The material for men patients' clothing for winter wear is a good quality of all woolen suitings. A lighter weight is furnished for

summer use, and the clothing is all well and tastefully made. Underclothing of different weights, according to the season, is always supplied.

For the women patients, gingham is used for dresses, with proper colors, for both summer and winter wear. The underclothing is adapted to the season. All the underclothing is changed in all cases at least weekly and oftener if necessary from the habits of the patient.

2. What is the general character of patients' bedding, and how frequently are the sheets and pillow-cases regularly changed?

The bedding furnished the patients is mostly blankets, of which there is an average of three woolen blankets to each bed; more is supplied in any case when necessary for comfort. On the convalescent wards a few comfortables are still in use; blankets, however, are being substituted for them as they are worn out.

All sheets and pillow-cases are changed weekly and as much oftener as is required for cleanliness.

3. Is the bedding changed during the night in case of soiling?

Yes, in all cases.

Night Service.

State in full your arrangements for night service as to attendants, nurses and watchmen, and the duties prescribed for each class. Are filthy patients regularly taken up during the night? To what extent are the wards under medical supervision at night?

There are two general night watchers, one on either side of the house. These go through all the wards, and constitute a means of supervision over the night nurses and of a communication with the medical officers. They also take charge of those wards in which there is no constant night nurse. They go through all parts of the building, which are open, to guard against fire, note the time of entrance and condition of attendants out on leave, and are a general patrol. There are besides these, seven night attendants or nurses upon the wards occupied by the sick, suicidal and filthy classes. Their duties are those ordinarily performed by nurses in caring for the sick and helpless, besides taking up those who are liable to soil their beds. In this and in other respects they carry out the physicians' orders in which they are nightly instructed.

Filthy patients are regularly taken up during the night.

The officers make an evening visit just before the patients retire. At 11 P. M. they receive reports from the night watchers, and there is on each side of the house telephonic communication with the sleeping-room of the physician. He is also subject to call by the night watch, and is summoned in all cases of need.

Each physician also makes rounds during the night at irregular periods.

DINING-ROOM SERVICE.

Have you ward or associate dining-rooms? Are the dining-rooms in charge of special attendants (if women are in charge of men's dining-rooms, state the fact)? Do the attendants dine with the patients or separately, and if the latter, before or after the patients' meals are served? To what extent is the dining-room service supervised by a medical officer?

We have ward dining-rooms. All dining-rooms are in charge of special dining-room attendants. Women are in charge of all the men's dining-rooms. Most of the attendants dine with the patients, but one from each of the wards requiring special supervision dines at an early table so as to wait upon the patients of their own wards while eating. The dining-room service is supervised on the men's wards by the supervisor of the ward, who takes his meals alone after the regular meal. On the women's wards the matron and woman physician supervise the dining-room service. The physicians in charge of the divisions in their rounds make it a duty to be present and look after the character and quality of the food served. The superintendent also gives personal supervision by going to the various wards frequently at meal time and investigates all complaints that may be made regarding the quality of supplies or the cooking.

VISITATION OF PATIENTS.

Have you special days or hours when visiting is allowed? If so, state them, and whether the patients' friends are allowed to visit them on the wards or elsewhere. Are general visitors permitted to visit the wards promiscuously?

Special days are appointed for the visits of friends to patients. These are Mondays, Wednesdays and Fridays, from two to five in the afternoon. Friends of patients visit them mostly on the quiet wards, but in cases of feebleness or sickness, visit the patients in their own rooms on all the wards.

General visitors are permitted only by card issued by the secretary or some member of the board of managers. Exception is made, however, in favor of physicians, clergymen and public officers. No promiscuous visiting is allowed and all visitors are accompanied by an usher or a physician. There were about 7,000 visits of friends to patients and about 500 general visitors during the past year.

Correspondence.

What is your practice as to delivering patients' letters unopened? State your objections, if any, to this practice.

Our practice is to deliver patients' letters to them unopened.

Recoveries and Deaths.

Give percentage of recoveries on number admitted.

29 per cent.

Give percentage of recoveries on average daily population.

25.34 per cent.

Give percentage of recoveries on whole number treated.

14.21 per cent.

Give percentage of recoveries on number discharged.

40.41 per cent.

Of those discharged recovered the previous year, how many were readmitted prior to October 1, 1891?

15; of these 12 were men and three were women. The reattack in six cases was due to inebriate habits.

Give percentage of deaths on number admitted.

18+per cent.

Give percentage of deaths on average daily population.

13 per cent.

Give percentage of deaths on whole number treated.

7.7 per cent.

Give percentage of deaths on number discharged.

21.9 per cent.

Give the whole number of inebriates, that is, alcoholic, opium and other "narcotic habitués" discharged during the year, and

whether these are classed as "recovered" or "not insane" in your report of discharges.

Regarding the number of inebriates, alcoholic, opium and other narcotic habitués discharged during the year, those who were simply addicted to the habit without being really insane were discharged as inebriates and classified as "not insane." Of course a number of the cases of real insanity were the result of vicious habits.

RESIDENT OFFICERS.

Give the name, rank, date of employment, compensation and previous experience, if any, of each resident officer; also salary of treasurer.

Judson B. Andrews, superintendent, June, 1880, $4,000 per annum; thirteen years as assistant physician at Utica State Hospital.

Arthur W. Hurd, first assistant physician, August, 1885, $2,000 per annum, experience in a general hospital, but not in an institution for the care and treatment of the insane.

Herman G. Matzinger, second assistant physician, October, 1888, $1,600 per annum, experience in a general hospital, but not in an institution for the care and treatment of the insane.

Percy Bryant, third assistant physician, February, 1889, $1,000 per annum, experience in a general hospital and one year in New York City Asylum for the Insane.

Eleanor McAllister, woman physician, September, 1890, $1,200 per annum, six months in the Willard State Hospital.

Thomas Wilding, acting steward, $1,200 per annum, was bookkeeper and assistant steward for ten years.

Florence A. Seeley, acting matron, $500 per annum, experience of three years as attendant and supervisor.

Elias S. Hawley, treasurer, salary $1,000 per annum.

SUBORDINATE EMPLOYES.

1. Give the number of employes, other than resident officers, the capacity in which employed, compensation, and the number receiving the same compensation in each occupation, specifying whether men or women.

Subordinate Employes.

	Men.	Women.	Total.	Compensation.
Apothecary	1	....	1	$60 00 without board.
Stenographer	....	1	1	50 00 without board.
Storekeeper	1	....	1	30 00
Attendants, men, supervisors and night watchmen	....	....	....	2 at 50 00
Attendants, men, supervisors and night watchmen	....	....	....	1 at 38 00
Attendants, men, supervisors and night watchmen	....	....	....	1 at 35 00
Attendants, men, supervisors and night watchmen	....	....	....	4 at 28 00
Attendants, men, supervisors and night watchmen	....	....	....	3 at 26 00
Attendants, men, supervisors and night watchmen	....	....	....	5 at 25 00
Head attendants	....	....	....	1 at 32 00
Head attendants	....	....	....	5 at 30 00
Head attendants	....	....	....	7 at 23 00
Head attendants	....	....	....	4 at 22 00
Total	....	....	....	33
Attendants, women, supervisors	....	....	....	2 at 22 00
Attendants, women, supervisors	....	....	....	4 at 16 00
Night watchers and head attendants	....	....	....	7 at 20 00
Night watchers and head attendants	....	....	....	2 at 18 00
Night watchers and head attendants	....	....	....	10 at 14 00
Night watchers and head attendants	....	....	....	3 at 13 00
Total	....	....	....	28

SUBORDINATE EMPLOYES — (*Concluded*).

	Men.	Women.	Total.	Compensation.
Dining-room maids	....	....	....	8 at $16
Dining-room maids	....	....	....	6 at 14
Dining-room maids	....	....	....	2 at 12
Total	....	....	....	16
Cooks	2	....	....	1 at 28 00
Cook	....	....	....	1 at 20 00
Cooks, assistant	2	2	....	2 at 20 00 men
Cook, assistant	....	....	....	1 at 16 00 woman
Cook, assistant	....	....	....	1 at 12 00 woman
Chambermaids	....	2	....	12 00
Tailoress	....	1	....	35 00 without board.
Seamstress	....	1	....	35 00 without board.
Laundress	....	1	....	24 00 without board.
Washerwomen	....	2	....	20 00 without board.
Butcher	1	....	....	40 00 without board.
Baker	1	....	....	45 00 without board.
Launderer	1	....	....	40 00 without board.
Tailor	1	....	....	25 00
Shoemaker	1	....	....	25 00
Engineer	1	....	....	75 00 without board.
Firemen	3	....	....	1 at 53 00 without board.
Fireman	....	....	....	1 at 50 00 without board.
Fireman	....	....	....	1 at 45 00 without board.
Steamfitter	1	....	....	55 00 without board.

Painter	1	....	....		52	00	without board.
Coachman	1	....	....		22	00	
Teamsters	4	....	....	3 at	35	00	without board.
Teamster	....	....	....	1 at	25	00	without board.
Farmer	1	....	....	1 at	40	00	without board.
Herdsman	1	....	....		25	00	
Gardener	1	....	....		50	00	without board.
Carpenters	2	....	....		2	25	per day, without board
Office boys	2	....	....	1 at	20	00	
Office boy	....	....	....	1 at	15	00	partial board.
Barber	1	....	....		25	00	per annum.
Organist	1	....	....		75	00	without b'rd, per annum.
Chaplain	1	....	....		500	00	without board.
Total	65	54	119				



2. Give the ratio of employes of all kinds to patients?

The ratio of employes of all kinds to patients, based on the present population of 616, is 1 to every $5\frac{1}{10}$ patients.

3. Give the annual per capita cost per patient of all employes?

The annual per capita cost per patient of all employes, based on their average population of last year, namely 509, is 67.73.

4. Give the ratio of attendants exclusively occupied on the wards to patients?

The ratio of attendants exclusively occupied on the wards to patients, based on the average daily population of last year, namely 509, is 1 to 8.3.

5. Give separately the rate of wages paid men and women attendants on entering the service?

The rate of wages paid to men and women attendants on entering the service is as follows: Wages of men, $22 for the first three months; of women attendants $13 per month for the first three months.

6. Give separately the maximum rate of wages paid men and women attendants?

The maximum rate of wages paid men and women attendants is, for the men, $32, for the women, $20.

7. State the rule, if any, governing the promotion in rank and pay of attendants?

The rule governing the promotion of attendants in rank, is ability of the individual, quality and length of service.

8. Is there any definite term or period at the end of which faithful and efficient attendants are entitled to promotion in either rank or pay, or both?

The rule governing the pay of attendants, as established by the board of managers, is as follows: The wages of men attendants shall be $22 per month for the first three months; $23 per month for the following nine months; $26 per month after passing the first year's examination in the training school; $28 per month for graduates of the training school not in charge of wards; $28 per month for non-graduates of the training school in charge of wards; $30 per month for graduates of training school in charge of wards.

The wages of the women attendants shall be $13 per month for the first three months; $14 per month for the following nine months; $16 per month after passing the first year's examination in the training school; $18 per month for non-graduates of the training school in charge of wards; $18 per month for graduates of the training school not in charge of wards; $20 per month for graduates of training school in charge of wards.

The answer to this question is found in the schedule of wages given above. In addition to this in special cases, from length and efficiency of service, some small advance has been made by the managers, upon the highest wages quoted above.

General.

Give the yearly per capita cost and the average purchase price of the staple articles of supply contained in the following table, as shown by the steward's books.

1. The following table gives the amount consumed, the average purchase price, the yearly per capita cost and the total cost of the staple articles of supply used in the Buffalo State Hospital, during the year 1891, as shown by the books of the steward, farm and garden products inclusive:

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Fruits, fresh*	.....	.....	$2 38	$1,216 19
Fruits, canned	.....	.....	1 25	636 21
Fruits dried	.....	.....	01¼	7 00
Vegetables, fresh. .	.....	.....	2 18	1,112 20
Vegetables, canned	.....	.....	3 88	1,977 37
Vegetables, dried..	.....	.....	.....	.....
Meats, fresh	191,622 lbs...	$0 06¼	23 47	11,967 39
Meats, salt	13,873 lbs...	07⅓	2 00	1,021 00
Meats, smoked	8,000 lbs...	07⅝	1 20	612 45
Meats, canned	.....	.....	3 35	1,709 67
Poultry	1,865 lbs...	19	70	356 20
Fish, fresh	12,544 lbs...	11	2 78	1,419 04
Fish, salt	.....	.....	.....	.....
Fish, dried	3,720 lbs...	08	58	294 50
Flour, wheat	711 bbls .	4 99	6 96	3,547 55
Flour, graham	50 bbls .	4 85	47½	242 50

* These include berries, bananas, oranges and other varieties of fruits purchased in small quantities and at varying prices during the year. It is impossible to give data relating to amounts or average purchase price.

GENERAL — (*Continued*).

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Corn meal	10,812 lbs.	$0 11⅓	$0 28	$144 73
Oat meal	104 bbls.	6 40	1 30	665 80
Rice	2,538 lbs.	05½	28	144 28
Hominy	434 lbs.	02	01¾	8 75
Other cereals	293 lbs.	06	3 00	16 83
Crackers	3,134 lbs.	06	37¼	190 78
Butter	23,333 lbs.	23	10 55	5,383 15
Cheese	3,917 lbs.	16¾	82	418 02
Milk	27,508 gals.	16	8 63	4,401 28
Eggs	6,899 doz.	19⅓	2 61	1,331 72
Tea	3,554 lbs.	25⅓	1 77	902 94
Coffee	5,158 lbs.	17	1 72	877 37
Sugar	31,800 lbs.	04¾	2 78	1,519 27
Molasses	313 gals.	27	16½	84 48
Syrup	1,294 gals.	34	87	443 87
Vinegar	987 gals.	17½	35⅓	170 35
Salt	38 bbls.	85	06¼	32 30
Pepper	270 lbs.	18	09½	48 42
Spices	107 lbs.	23	05	24 75
Liquors, distilled	67 gals.	2 45	32	164 30
Liquors, vinous	81 gals.	1 56	25	126 50

FUEL AND LIGHTING.

1. Give the total per capita cost of fuel, exclusive of wages, the average purchase price per ton of hard and soft coal, also the number of tons of each consumed.

The total cost of fuel during the year, exclusive of wages, was $6,346.89; the per capita cost was $12.48; the average purchase price per ton of hard coal was $3.75, of soft coal $1.67⅓; the number of tons of soft coal consumed was 3,643; the number of tons of hard coal was 35½.

2. Give the total and per capita cost of lighting the hospital, exclusive of wages.

The total cost of lighting the hospital buildings, exclusive of wages, was $2,196.84; the per capita cost was $4.30.

3. Give the yearly per capita and total cost of clothing.

The total cost of clothing for the year was $2,635.97; the per capita cost was $5.17.

4. Give the yearly per capita and total cost of bedding.

The total cost of bedding was $1,891.32; the per capita cost was $3.71.

5. Give the yearly per capita and total cost of furniture.

The total cost of furniture was $3,554.66; the per capita cost was $6.97. (This includes the cost of about 100 beds, to provide for the patients received under transfer from county houses).

6. Give the yearly per capita and total cost of salaries of resident officers (including salary of treasurer).

The total cost of salaries of resident officers, including treasurer's salary, was $12,500; the per capita cost $24.51.

7. Give the yearly per capita and total cost of wages of all kinds other than officers' salaries.

The total cost of wages of all kinds other than officers' salaries was $34,476.27; the per capita cost was $67.60.

8. Give the yearly per capita and total cost of attendants proper, including ward supervisors.

The total cost of attendants proper, including ward supervisors, was $16,343.15; the per capita cost was $32.04.

9. Give the yearly per capita and total cost of medicines and medical stores and appliances.

The total cost of medicines, medical stores, and appliances was $1,251.32; the per capita cost was $2.45.

10. Give the yearly per capita and total cost of managers' or trustees' expenses of all kinds.

The total cost of managers' and trustees' expenses of all kinds was $269.41; the per capita cost was $0.53.

11. Give the yearly per capita and total cost of miscellaneous and all other items of expense for maintenance not included in the preceding ten items.

The total cost of miscellaneous and all other items of expense for maintenance, not included in the above, was $39,864.50; the per capita cost was $78.16½.

12. Give the yearly per capita and total cost of maintenance, inclusive of officers' salaries, ordinary repairs and

every other item of expense which may properly be charged to maintenance account.

The total cost of maintenance, inclusive of officers' salaries, ordinary repairs and every other item of expense which may properly be charged to the maintenance account, was $119,804.53; the per capita cost was $234.91.

13. Give the total cost of extraordinary repairs and renewals, additional lands and buildings, or improvements of a special character.

There were no extraordinary repairs, renewals or additional lands charged in the last year's account. The cost of the new ward building was $199,776.76, and there were expended for improvements of a special character — for fire-escapes — $435.50.

The institution received from special appropriations — for a silo, $1,000; for laundry machinery and addition to drying capacity, $2,000; for books, instruments, etc., $500; to reimburse maintenance account for expenditures to accommodate additional number of patients, $4,000.

APPROPRIATION REQUIRED.

Give an itemized schedule of the appropriations required for 1892, stating briefly the necessity for each item in the schedule.

The managers ask for an appropriation to erect another ward building of stone on the westerly side of the one recently constructed, in pursuance of the original plan of the hospital, as approved by the State officers, to accommodate 200 patients, the sum of $200,000.

For building a kitchen, bakery, with quarters for thirty-two employes, with equipment of kitchen, bakery, furnishing rooms, and constructing connecting corridor to the proposed new ward building, $35,000.

For installing electric light plant and fixtures for the whole hospital, the sum of $16,000.

Total, $251,000.

WILLARD STATE HOSPITAL.

This hospital was opened for the reception of patients in 1869 — being the second established in point of time and having been organized under the second State care act, passed in 1865. It is situated at Willard, Seneca county, N. Y., and is accessible by railroad or steamer. It has a total of 904 acres. The estimated value of its real estate, inclusive of buildings, on the 1st of October, 1891, was

$1,360,700, or for each patient according to the reported capacity of the institution, a per capita of $702.11. The value of its personal property was $180,374.95. The number of acres of farm land under cultivation at that time was 600. The capacity of the institution is given at 1,938, and the daily average number under treatment for the year ending September 30, 1891, was 2,055.

A portion of the lands and buildings of this institution was formerly the property of the old State Agricultural College. The institution, however, has never been the recipient of private funds.

Dr. Charles W. Pilgrim is the medical superintendent; he was appointed in 1890.

The establishment of this institution marked an important era in the history of institutions for the insane, by reason of the singularity of the principle on which it was established, namely, for the custodial care of the "chronic" insane, who were all to be removed from the poor-houses of the State. At the time it was established, the organic act declared that all such insane poor should be removed from the poor-houses to this institution, but its completion was for various reasons delayed, and finally an exemption was obtained from the operation of the act, so that the statute was never fully carried out; and until the passage of the third State care act in 1890, great numbers of the insane poor were still permitted to remain in the poor-houses of the State. The passage of that act placed the Willard State Hospital on a similar footing with the other institutions of the State for the curative care and treatment of the insane generally.

General Operations.

State generally the operations of the hospital for the fiscal year ending September 30, 1891, giving the number and kind of buildings erected or completed during the year, or now in course of erection, the extraordinary repairs to buildings and other improvement begun or completed during the year; also any new features in methods of management, together with a cursory review of the general results of the year.

The new dining-rooms in connection with the main building were begun during the year but are not yet completed. An addition to the

laundry, to be used as an ironing-room, was also built, but it is not furnished and occupied. A great deal was done during the year in the way of extraordinary repairs. The branch was renovated throughout; the greater part of the foundation walls of detached group No. 2 were taken down and rebuilt; many alterations have been made in the first floor of the main building in order to better adapt it to the care of the acute insane, and many more are in contemplation. All the changes which have been made, or are in contemplation, have the sole object in view of adapting the plant to the new order of things and bringing the care and treatment of the acute insane as well as the chronic up to the standard required by the State Commission in Lunacy.

CARE AND TREATMENT.

State briefly your views on the care and treatment of the insane, with special reference to these points :

1. GENERAL CHARACTER OF MEDICAL TREATMENT.

Allopathic or regular.

2. Medicines, how prescribed, dispensed and how and by whom administered, whether by "single dose" system or otherwise.

Prescribed by the physicians; dispensed by an apothecary in "single doses;" administered by the ward supervisors.

3. What class of medicines, if any, are kept on the wards and in whose custody kept? State if poisonous drugs of any kind are kept on the wards and what precautions are taken in the use of the same.

Liniments and disinfectants; they are kept in the custody of attendants, and when not used or administered by them are locked up in a cabinet in their rooms. No other poisonous drugs are kept in the wards. All poisonous mixtures are plainly labeled "poison."

4. Extra diet for sick and feeble, stating variety provided, by whom ordered and the method of insuring its reaching those for whom it was ordered.

Beef tea; milk; corn starch; oatmeal; gruel and mush; poultry; soups and broths; rice and milk; oysters; fruits or whatever may be desired and can be secured. Ordered by physicians. Orders for extra diet are kept in the kitchens and regularly filled under the direction of the cook,

who delivers it to the wards where the attendants prepare it in suitable dishes and in an inviting way to induce the sick and feeble to partake of it. The physicians make frequent observations and inquiries of attendants and patients to ascertain if the diet is relished, and if it reaches the proper persons.

5. Artificial feeding or forced alimentation; state the rule of practice as to (*a*) methods of feeding; (*b*) on whose order and by whom done; (*c*) usual length of time permitted to elapse after a patient refuses to eat before feeding is resorted to; (*d*) how often the feeding process is usually repeated in a given case during the day or twenty-four hours; (*e*) forms in which foods are forcibly administered.

(*a*) With nasal tube, with syringe or funnel attached. Rarely with stomach tube.

(*b*) Order of physicians and done by the physicians or clinical assistants.

(*c*) As soon as possible after admission if the patient is feeble; in case of fair strength, we wait two or three days.

(*d*) Twice a day or oftener, if necessary.

(*e*) Liquids, as beef tea, milk, raw eggs, broth, etc.

Moral Treatment.

1. State the facilities provided and methods in vogue for the entertainment and diversion of patients, including (*a*) amusement hall; its location, capacity, kind of entertainments for which it is adapted, and whether used for religious worship; (*b*) variety and average frequency of entertainments given therein; (*c*) band of music, and if so, whether composed of patients or employes, or both, or whether hired for the occasion; (*d*) number and kind of musical instruments provided for the use of patients, exclusive of those used by the band; (*e*) from what fund are amusements maintained or provided; (*f*) average number of patients who attend entertainments, and if a record of the number is kept; (*g*) frequency and denomination of religious worship and average number of patients who attend such worship and compensation paid to clergymen; state approximately the number of patients of Roman Catholic faith and what provision, if any, is made for their spiritual requirements, including amount

of compensation paid for the same; (*h*) rule as to arrangement for attention to the spiritual needs of the seriously sick and dying; (*i*) green-houses, if any, and estimated cost of same; to what extent approximately are flowers and foliage plants supplied to the wards, and what class of wards are so supplied; (*j*) generally, the extent to which the wards are supplied with pictures, bric-a-brac, and other ornaments, also song birds, if any, and if these things are supplied, to any extent to the "disturbed wards;" (*k*) have you a patients' library, and, if so, the number of volumes contained therein, and, approximately the number of patients who indulge in reading books. How is the library maintained? (*l*) State approximately the number of newspapers, magazines, etc., that are taken or received for patients' use; (*m*) practice as to taking patients out of doors for exercise; are disturbed patients regularly taken out and how frequently? (*n*) Has your hospital a base-ball club, and if so, what proportion of it is composed of patients; (*o*) state any other means of amusement or diversion provided for patients?

We have an amusement hall located in the rear of and detached from the main hospital. Seating capacity of amusement hall about 300, which includes patients and attendants. Adapted for dances, theatricals, concerts, readings, etc. Not used for religious worship.

(*b*) The variety of entertainments mentioned under (*a*) twice weekly during nine months of the year,

(*c*) We have a band composed exclusively of employes, sixteen pieces. There is also an orchestra of five pieces, composed of four employes and one patient, which is used almost exclusively at dances.

(*d*) Three pianos and one pipe organ; five additional pianos have been purchased within the past ten days, also a large music box.

(*e*) General fund; $200 per year contributed by Treasurer Thomas; donations and receipts from sale of tickets to outsiders.

(*f*) Average number of patients who attend entertainments, 250. Plays are frequently repeated on successive nights, in order to enable a larger number to attend. A record of the number is kept.

(*g*) Once a week. Episcopalian, Presbyterian and Methodist. Average number who attend such worship, 200. A clergyman of each one of the above denominations is paid $100 yearly. Approximate number of patients of Catholic faith, 700. The Catholic priest at Ovid has been asked to hold service at the hospital, but he has not done so, as he is overworked, having two parishes six miles apart to attend to.

(*h*) Our rule is to notify the Catholic priest at Ovid whenever a Catholic patient is seriously sick. He always responds to such notices and receives the same yearly compensation as the other clergymen. Persons of Protestant faith are not regularly visited by clergymen of their faith, but we notify them whenever patients desire to see them.

(*i*) We have no green-house, but a propagating-house for the purpose of growing plants to decorate the lawns, and also vegetables to transplant in the garden in the spring. Estimated cost $800. Twelve wards (convalescent and quiet class) are supplied with foliage or flowering plants. Cut flowers from lawns in summer are supplied to all wards. The dining-room of the infirmary is supplied with plants during the whole year.

(*j*) All wards are supplied with pictures. More than 300 were purchased last year. One convalescent ward has three large urns with plants growing in them; the same ward has seven song birds, four other wards have nine song birds. They are not supplied to any extent to the disturbed wards.

(*k*) We have a patients' library. Number of volumes, 1,500. Six hundred patients enjoy its advantages. From general fund and by donations. These books are scattered throughout the wards of the various buildings. It is my intention to gather them all together in the abandoned dining-room of the first ward on the women's side of the main building, making of it a general library and reading-room. Catalogues will be supplied to the wards so that patients and attendants may select whatever books they desire. The library will be in charge of an intelligent person who will conduct it just as an ordinary circulating library is conducted. When she is not busy she will be expected to read to the patients on the various wards. In fact this part will be but a revival of Dr. Kirkbride's "reading companions" which he introduced a half century ago.

(*l*) Three New York daily newspapers, two Albany daily newspapers, two Rochester daily newspapers, twenty-five weekly (local) newspapers.

Frequent donations of old magazines and newspapers, and other kinds of reading matter.

(*m*) Patients, including the disturbed, are regularly taken out for exercise once or twice daily, if their condition and the weather permit. In summer the greater part of the time between meals is spent out of doors.

(*n*) We have two base-ball clubs; half patients.

(*o*) Band concerts on lawns in summer; fireworks July fourth; excursion on lake to Geneva to attend circus; day school; games and music in the wards.

2. Give the number and kinds of industrial occupations in which patients are engaged, and the average number of patients regularly employed in each; also, separately, the estimated value of the products of such occupations.

INDUSTRIAL OCCUPATIONS.

Barn work	25
Bakery	2
Carpenter	1
Engineer	4
Farm work	40
Garden	14
Grounds	80
Kitchens	82
Laundry	42
Needle work	135
Painter	1
Shoemaker	4
Tailor	2
Tailoress	31
Ward work	310
Total	773

Estimated value of farm and garden products	$39,516 47
Estimated value of articles made or manufactured by patients	18,823 15
Total value	$58,339 62

3. Do you use mechanical restraint, and, if so, what forms are used and under what circumstances and on whose order is it applied? Is seclusion of patients practiced, and, if so, to what extent and under what circumstances and at whose discretion is it

resorted to? Is there a record kept of restraint and seclusion? Give separately the number of patients restrained and secluded during the year? Please state your views respecting the utility or necessity of mechanical restraint and seclusion in the treatment of the insane.

Rarely ever used and then only to retain surgical dressings and on order of superintendent and assistant physicians only. Seclusion is not frequently practiced; never with the suicidal; at discretion of the superintendent and assistant physicians only. A record is kept of restraint and seclusion. During the year nineteen were secluded and no patients restrained. I believe that the use of restraint is scarcely ever necessary. It has only been used once for a short time during my superintendency and then it was to prevent self-mutilation. The form used was the restraint sheet. Seclusion I think also objectionable but not to the extent that restraint is.

4. If articles of furniture are fastened to the floor on the wards, state the number and kind of each and the reason why it is regarded as necessary.

No furniture is now fastened to the floors, all fastenings having been removed nearly two years ago.

5. If there are any airing courts attached to the hospital, state how many and the location, extent and arrangement of each and the reason why they are regarded as necessary.

There are no airing courts.

Bathing.

1. How frequently are patients regularly bathed; what are your rules as to bathing of "filthy" patients, supervision of bathing, renewing the water and regulating its temperature; to what extent is the bathing supervised by a medical officer and are any patients permitted to bathe without the presence of an attendant? Are sheets used for drying patients when bathing and to what extent are bathing towels provided? Have you a spray bath in operation, and do you regard that method of bathing patients with favor? State your views as to the propriety of allowing patients to bathe unattended.

Bathed once a week or oftener if conditions demand it. The "filthy" are bathed whenever they soil themselves. The water is renewed for each patient and the attendants in charge regulate the temperature. The bathing of all female patients is under the supervision of the female assistant physician, who makes written reports to the superintendent. The bathing of males is not regularly supervised by physicians. They, however, frequently visit the wards during bathing hours. No patient is permitted to bathe without the presence of an attendant. Sheets are not now used for drying patients when bathed. It was at one time the practice to use sheets but it was discontinued some months ago. Bathing towels are furnished in each ward, and one for every patient. We have a spray bath in operation and regard it with much favor. Patients should not be permitted to bathe entirely unattended except in rare cases. In some cases of unusual sensitiveness there is no objection to permitting the patient to bathe while attendants remain near the door of the bath-room.

CLOTHING AND BEDDING.

What is the general character of clothing supplied to public patients? How does it vary with the seasons, and how often is patients' underclothing regularly changed? What is the general character of patients' bedding, and how frequently are the sheets and pillow-cases regularly changed? Is the bedding changed during the night in case of soiling?

General character is good. In winter the men wear heavy "all wool" or nearly all wool goods. In summer a lighter weight of same quality is used. A good quality of half-wool jeans is used in summer for working patients and also for those who soil themselves, on account of its washing qualities. The men wear shoes, and cotton or woolen socks and rarely underclothing in summer. They wear boots, woolen socks, knit drawers and shirts, mittens, caps, overcoats and sometimes neck comfortables when working, or walking out in cold weather. In winter the women have heavier underwear, shawls, hoods, woolen or heavy cotton stockings; underwear is changed every week or whenever soiled. The bedding is of good quality; hair mattresses on woven-wire springs are wholly supplied for the beds in main building, branch, infirmary, and partly for the beds in cottages for women. Several hundred were added during the past year, and it is expected that soon the whole institution will be thus equipped. In cottages for men, straw beds are now used. Sheets

and pillow-cases are of unbleached cotton; pillows, hair or feathers; woolen blankets, and which are increased from one or two in mild weather to four or five in cold weather. The mattresses on the beds of the "filthy" class are covered with rubber sheets. Sheets and pillow-cases are changed regularly every week and oftener if soiled. Bedding is changed at night whenever soiled.

Night Service.

State in full your arrangements for night service as to attendants, nurses and watchmen, and the duties prescribed for each class. Are filthy patients regularly taken up during the night; to what extent are the wards under medical supervision at night?

In Main Hospital.

Department for men has one ward for suicidal and convalescent patients, one for disturbed and suicidal cases and one for epileptics, with one night nurse each. The other wards are visited hourly by a night watchman.

Department for women has two wards for epileptics; two for acute cases, including suicidal; and one for feeble, sick and troublesome, each with a night nurse. A night watch visits all other wards, hourly.

The infirmary for women (branch) has every patient (260) under supervision of a corps of ten night nurses.

The infirmary for men has every patient (180) under supervision of four nurses (one a woman and the wife of one of the male night nurses).

One ward at detached group No. 4 (females) has one ward for epileptics, sick and feeble, under care of one night nurse. All of the other wards are visited hourly by a night watch. There is an electric watchman's detector in each building to insure efficient service.

In groups No. 1 (males) No. 2 (females) and No. 3 (males) there are no night nurses, but a night watch at each group visits every ward hourly. The night female nurses in main hospital do not leave their respective wards at night. Their suppers are taken to them by night watch. Their duties are to watch closely the suicidal and epileptics, and to nurse the sick, take up and bathe the filthy and change the clothing and bedding whenever needed. The night male nurses in the main building have about the same duties.

In the detached groups the night watchers (male and female) take up and bathe the filthy and supply clean clothing and bedding when-

ever soiled; they visit dormitories, attend to the disturbed and empty vessels containing fæces. The night watches in groups containing the men go outside to look about the buildings two or three times during the night.

DINING-ROOM SERVICE.

Have you ward or associate dining-rooms; are the dining-rooms in charge of special attendants (if women are in charge of men's dining rooms state the facts)? Do the attendants dine with the patients, or separately, and, if the latter, before or after the patients' meals are served? To what extent is the dining-room service supervised by a medical officer?

We have associate dining-rooms in all the outside departments. In the main building all are small ward dining-rooms at present. These will be discontinued in a few months, or as soon as associate dining-rooms are completed. Dining-rooms are in charge of special attendants.

At groups No. 1 and 3 (men) and infirmary for men, women are in charge of the dining-rooms; women will also be in charge of the new dining-rooms in the main building. When this takes place there will be no men doing dining work in any part of the institution.

Attendants, as a rule, dine with patients, except at the branch where some dine before in order to wait upon the patients. The dining-room service in the main building is frequently observed by a physician, at noon, night and occasionally in the morning. This practice is being extended wherever practicable. At the outside departments the physicians observe the service at one or more meals every day.

VISITATION OF PATIENTS.

Have you special days or hours when visiting is allowed. If so state them and whether the patients' friends are allowed to visit them on the wards or elsewhere. Are general visitors permitted to visit the wards promiscuously?

We do not have special days or hours for friends to visit patients; any time from 8 A. M. to 12 M. and from 2 to 5 P. M. Occasionally they see patients in the wards, but as a rule in reception rooms adjoining wards; or walk or sit in grounds in warm weather. General visitors are not permitted to visit promiscuously. Although in my opinion, too much liberty is allowed in this direction in all institutions of this character.

Correspondence.

What is your practice as to delivering patients' letters unopened? State your objections, if any, to this practice.

All letters addressed to patients are delivered unopened as a rule. In very rare instances where there is reason to suspect that the condition of the patient would be injured by injudicious communications supervision is practiced. Letters written by patients are sent to the office unsealed as a general thing and if they are addressed to a proper correspondent, no matter how incoherent, they are at once mailed.

There are obvious objections to sending out obscene letters which patients would regret having written after recovery.

The order of the Commission in Lunacy in regard to correspondence is strictly obeyed and covers this objection. Letters to judges, etc., are never opened.

Recoveries and Deaths.

Give percentage of recoveries on number admitted.

Percentage of recoveries on number admitted, 12 +.

Give percentage of recoveries on average daily population.

Percentage of recoveries on average daily population, 1.7 +.

Give percentage of recoveries on whole number treated.

Percentage of recoveries on whole number treated, 1.5 +.

Give percentage of recoveries on number discharged.

Percentage of recoveries on number discharged 13 +.

Of those discharged recovered the previous year, how many were readmitted prior to October 1, 1891?

Of those discharged recovered the previous year, none were returned prior to October 1, 1891.

Give percentage of deaths on number admitted.

Percentage of death on number admitted 56 +.

Give percentage of deaths on average daily population.

Percentage of deaths on average daily population 8.2 +.

Give percentage of deaths on whole number treated.

Percentage of deaths on whole number treated 7.1 +.

Give percentage of deaths on number discharged.

Percentage of deaths on number discharged 61 +.

Give whole number of inebriates, that is, alcoholic, opium and other "narcotic habitués" discharged during the year and whether these were classed as "recovered" or "not insane" in your report of discharges.

One inebriate was discharged as "not insane." Such cases are always so classified.

RESIDENT OFFICERS.

Give the name, rank, date of employment, compensation, and previous experience, if any, of each resident officer; also salary of treasurer.

Charles W. Pilgrim, superintendent. February 10, 1890. Compensation, $4,000 per year. Experience: One and one-half years in Bellevue Hospital, N. Y.; one year in Asylum for Insane Criminals at Auburn, N. Y.; eight years at Utica; one year in Europe.

Alexander Nellis, Jr., first assistant physician. First term of service from October, 1873, to May, 1880. Second and present term of service began April 1, 1883. Compensation, $1,800 per year. Nine months' previous experience in Albany City Alms-house and Asylum as assistant city physician.

Horace G. Hopkins, assistant physician. July 1, 1874. Compensation, $1,500 per year. Two years' general practice.

Edwin R. Bishop, assistant physician. May 1, 1889. Compensation, $1,300 per year. One year in general practice.

Thomas E. Bamford, assistant physician. October 1, 1890. Compensation, $1,000 per year. Four months Bellevue Reception Hospital and eleven months as assistant physician at New York Insane Asylum (women's department), Blackwell's Island.

Samuel F. Mellen, assistant physician. March 16, 1891. Compensation, $800 per year. Three years in general practice and nine months in Dr. Parsons' private hospital at Sing Sing, N. Y.

Henry P. Frost, assistant physician. August 1, 1891. Compensation, $800 per year. One year in general practice and sixteen months



as assistant physician in New York City Asylum for the Insane (males), Ward's Island, N. Y.

Thomas J. Currie, assistant physician. December 1, 1891. Compensation, $800 per year. Two years Harlem Reception Hospital (Bellevue branch), and one year and a half in general practice.

Emma Putnam, assistant physician. April 1, 1889. Compensation, $1,200 per year. Interne at Woman's Hospital, Philadelphia, Penn., September, 1883, to October, 1884. In general practice for three years.

Morris J. Gilbert, steward. March 17, 1873. Compensation, $1,800 per year.

Juliet W. Wyman, matron. January 7, 1885. Compensation, $600 per year.

James B. Thomas, Ovid, N. Y. Treasurer, 1869. Compensation, $1,000 per year. Banker.

Subordinate Employes.

1. Give the number of employes, other than resident officers, the capacity in which employed, compensation, and the number receiving the same compensation in each occupation, specifying whether men or women.

Males 204, females 216, total 420.

Subordinate Employes.

SERVICE.	Rate.	Number employed.	Men.	Women.
Attendants, per month	$10 00	5	.....	5
Attendants, per month	12 00	24	.....	24
Attendants, per month	13 00	16	.....	16
Attendants, per month	14 00	17	.....	17
Attendants, per month	15 00	25	.....	25
Attendants, per month	16 00	14	3	11
Attendants, per month	18 00	28	27	1
Attendants, per month	20 00	37	37	.....
Attendants, per month	22 00	9	6	3
Attendants, per month	23 00	9	9	.....
Attendants, per month	25 00	12	12	.....
Attendant, per month	30 00	1	1	.....
Attendants, per month	35 00	3	3	.....
Total	.....	200	98	102
Baker, per month	$40 00	1	1	.....
Baker's help, per month	25 00	1	1	.....
Baker's help, per month	23 00	1	1	.....
Baker's help, per month	20 00	1	1	.....
Total	.....	4	4	.....
Barn man, per month	$30 00	1	1	.....
Butchers, per month	$35 00	1	1	.....
Butchers, per month	30 00	1	1	.....
Total	.....	2	2	.....
Carpenter, per month	$75 00	1	1	.....
Carpenter, per month	46 00	1	1	.....
Carpenters, per month	40 00	2	2	.....
Carpenters, per month	25 00	2	2	.....
Carpenter, per month	20 00	1	1	.....
Carpenters' apprentice, per month	10 00	1	1	.....
Total	....	8	8	.....

Subordinate Employes — (*Continued*).

SERVICE.	Rate.	Number employed.	Men.	Women.
Clerk, per month	$50 00	1	1	.....
Clerk's assistant, per month	50 00	1	1	.....
Clerk's assistant, per month	35 00	1	1	.....
Clerk, clothing, per month	35 00	1	1	.....
Total	.....	4	4	.....
Clinical ass't (apothecary), per month	$30 00	1	1	.....
Cook, per month	$50 00	1	1	.....
Cook, per month	20 00	1	.....	1
Cook, per month	18 00	1	.....	1
Cook, per month	17 00	1	.....	1
Cooks, per month	16 00	4	.....	4
Total	.....	8	1	7
Dining-room and kitchen, per month	$20 00	1	.....	1
Dining-room and kitchen, per month	16 00	1	.....	1
Dining-room and kitchen, per month	14 00	2	.....	2
Dining-room and kitchen, per month	13 00	6	.....	6
Dining-room and kitchen, per month	12 00	11	.....	11
Dining-room and kitchen, per month	10 00	29	.....	29
Dining-room and kitchen, per month	9 00	4	.....	4
Dining-room and kitchen, per month	8 00	5	.....	5
Total	.....	59	.....	59
Engineers, per month	$50 00	3	3	.....
Engineer, per month	100 00	1	1	.....
Engineer, per month	45 00	1	1	.....
Engineer's apprentice, per month	30 00	1	1	.....
Total	.....	6	6	.....
Farmer, per month	$50 00	1	1	.....
Farmers, per month	32 00	4	4	.....
Farmer, per month	30 00	1	1	.....
Farmer, per month	20 00	1	1	.....
Total	.....	7	7	.....



Subordinate Employes — (*Continued*).

SERVICE.	Rate.	Number employed.	Men.	Women.
Firemen, per month	$35 00	6	6	.....
Firemen, per month	30 00	5	5	.....
Fireman, per month	25 00	1	1	.....
Total	.....	12	12	.....
Gardener, per month	$50 00	1	1	.....
Gardener's assistant, per month	18 00	1	1	.....
Grounds, per month	25 00	1	1	.....
Total	.....	3	3	.....
Gasmaker, per month	$35 00	1	1	.....
Housekeepers, per month	$25 00	4	.....	4
House workers, per day	$0 75	3	.....	3
House worker, per month	16 00	1	.....	1
House workers, per month	12 00	11	.....	11
House worker, per month	10 00	1	.....	1
Total	.....	16	.....	16
Launderer, per month	$50 00	1	1	.....
Launderer's help, per month	28 00	1	1	.....
Launderer's help, per month	20 00	6	6	.....
Launderer's help, per month	18 00	1	1	.....
Laundresses and wash-room, per day	1 00	3	.....	3
Laundress and wash-room, per day	85	1	.....	1
Laundresses and wash-room, per day	75	6	.....	6
Laundress and wash-room, per month	20 00	1	.....	1
Laundresses and wash-room, per month	14 00	2	.....	2
Laundresses and wash-room, per month	12 00	3	.....	3
Total	.....	25	9	16
Laborer, per month	$20 00	1	1	.....



SUBORDINATE EMPLOYES — (*Continued*).

SERVICE.	Rate.	Number employed.	Men.	Women.
Night watchmen, per month	$35 00	3	3	.....
Night watcher, per month	22 00	1	.....	1
Night watchers, per month	20 00	2	.....	2
Total	.....	6	3	3
Nurses, per month	$25 00	2	2	.....
Organist, per month	$8 00	1	.....	1
Painter, per month	$50 00	1	1	.....
Painter, per month	25 00	1	1	.....
Painter, per month	23 00	1	1	.....
Painters, per month	20 00	4	4	.....
Painters, per month	18 00	2	2	.....
Painters' apprentices, per month	12 00	2	2	.....
Total	.....	11	11	.....
Pipe fitter, per month	$40 00	1	1	.....
Pipe fitter, per hour	25	1	1	.....
Pipe fitter, apprentice, per month	10 00	1	1	.....
Total	.....	3	3	.....
Policeman, per month	$35 00	1	1	.....
Porter, per month	$30 00	1	1	.....
Porters, per month	20 00	2	2	.....
Porters, per month	18 00	2	2	.....
Porters, per month	16 00	3	3	.....
Total	.....	8	8	.....
Printer, per month	$25 00	1	1	.....
Railroad employe, per month	$25 00	1	1	.....
Railroad employes, per month	18 00	2	2	.....
Railroad employes, per month	13 50	2	2	.....
Total	.....	5	5	.....

GENERAL.

Give the yearly per capita cost and the average purchase price of the staple articles of supply contained in the following table, as shown by the steward's book:

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
FRUITS.				
Apples, bushels	899	$0.43	$0.189	$388 68
Grapes, pounds	4,328	024	051	105 54
Cherries, pounds	10,269	031	158	326 61
Lemons, boxes	40	4.90	095	196 00
Pears, bushels	124	32	019	40 42
Raspberries, quarts	5,017	069	168	346 70
Strawberries, quarts	2,610	088	112	231 88
Peaches, bushels	159	1.21	093	193 00
Raspberries, dried, pounds	798	29	114	235 06
VEGETABLES.				
Potatoes, bushels	16,425	$0.77	$6.158	$12,654 77
Beans, bushels	335	1.96	321	66 60
Turnips, bushels	1,614	30	235	484 20
Asparagus, bunches	6,668	02	065	133 36
Beans, string, bushels	467	25	057	116 75
Beets, bushels	1,800	20	175	360 00
Carrots, bushels	5,000	30	729	1,500 00
Cabbage, heads	53,689	02	522	1,073 78
Celery, heads	10,231	01	049	102 31



Cucumbers, bushels	750	25	091	187 50
Lettuce, bushels	1,194	20	116	238 80
Onions, bushels	324	50	078	162 00
Onions, bunches	4,218	05	102	210 90
Peas, green, bushels	525	60	153	315 00
Radishes, bunches	3,621	02	035	72 42
Rhubarb, bunches	20,689	01	100	206 89
Rutabaga, bushels	600	25	072	150 00
Spinach, bushels	489	40	095	195 60
Squash, summer, bushels	724	25	088	181 00
Tomatoes, bushels	1,800	30	262	540 00
MEATS.				
Dressed beef, pounds	538,873	$0.062	$16.456	$33,817 91
Pork, fresh, pounds	43,399	059	1.264	2,598 43
Pork, salt, pounds	6,927	081	275	565 71
Veal, pounds	4,592	071	159	327 12
Mutton and lamb	11,933	082	479	985 43
Beef, canned, pounds	11,702	080	455	936 16
Poultry, pounds	10,655	099	517	1,062 56
FISH.				
Fresh, pounds	36,271	$0.047	$0.844	$1,735 63
Salt, pounds	30,086	060	892	1,833 30
FLOUR.				
Wheat, pounds	781,025	$0.023	$8.870	$18,229 49
Buckwheat, pounds	5,276	023	059	122 38
Corn meal, pounds	20,735	012	126	259 19
Oat meal, pounds	29,400	030	438	901 40

GENERAL — (*Concluded*).

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
PROVISIONS.				
Pearl barley, pounds	1,760	$0.037	$0.032	$65 99
Rice, pounds	22,296	054	587	1,207 40
Crackers, pounds	3,609	061	107	220 37
Butter, pounds	70,215	181	6.191	12,724 07
Cheese, pounds	12,490	094	576	1,184 65
Milk, gallons	78,695	160	6.127	12,591 20
Eggs, dozen	13,970	184	1.252	2,574 57
Tea, pounds	10,910	204	1.087	2,233 98
Coffee, pounds	18,775	225	2.057	4,228 44
Sugar, pounds	126,156	045	2.765	5,682 76
Molasses, gallons	1,194	341	198	407 29
Syrup, gallons	3,394½	292	482	991 55
Vinegar, gallons	3,783	151	278	573 04
Salt, barrels	232	826	093	191 64
Pepper, pounds	667	133	043	8 93
Spices, pounds	677	180	059	122 45
Whisky, gallons	571	2.195	610	1,253 61
Wine, gallons	476½	500	115	238 23
Alcohol, gallons	139	2.312	156	321 45

Fuel and Lighting.

Give the total and per capita cost of fuel, exclusive of wages, the average purchase price per ton of hard and soft coal, also the number of tons of each consumed.

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Coal, hard, per ton.....	523	$3 80	.....	.....
Coal, soft, per ton	6,162	2 28	$7.80	$16,034 56

Give the total and per capita cost of lighting the hospital, exclusive of wages; the yearly and per capita cost of clothing; the yearly per capita and total cost of bedding; the yearly per capita and total cost of furniture; the yearly per capita and total cost of salaries of resident officers (including salary of treasurer); the yearly per capita and total cost of wages of all kinds other than officers' salaries; the yearly per capita and total cost of attendants proper, including ward supervisors; the yearly per capita and total cost of medicines and medical stores and appliances; the yearly per capita and total cost of managers' or trustees' expenses of all kinds; the yearly per capita and total cost of miscellaneous and all other items of expense for maintenance not included in the preceding ten items; the yearly per capita and total cost of maintenance, *inclusive of officers' salaries*, ordinary repairs and every other item of expense which may properly be charged to maintenance account; the total cost of extraordinary repairs and renewals, additional lands and buildings, or improvements of a special character.

	Yearly per capita cost.	Total cost.
Lighting	$0.932	$1,917 11
Clothing	8.79	18,067 96
Bedding	3.54	7,281 69
Furniture.....	6.13	12,615 42
Salaries of officers.....	6.97	14,326 08
Wages of all kinds other than officers' salaries,	43.845	90,102 45
Wages of attendants.....	19.015	39,077 31
Medicine and medical appliances.....	1.973	4,055 00

	Yearly per capita cost.	Total cost.
Trustees' expenses	$0.197	$406 44
Miscellaneous and all other items of expense for maintenance not included in preceding ten items	68.34	140,440 26
Maintenance, including officers' salaries, ordinary repairs, and every other item charged to the maintenance account	148.26	304,690 21
Extraordinary repairs and improvements	15.75	32,385 23

APPROPRIATION REQUIRED.

Give an itemized schedule of the appropriations required for 1892, stating briefly the necessity for each item in the schedule.

No appropriation will be asked for this year, as improvements will be made from the accumulated surplus, in accordance with recommendation of the State Commission in Lunacy.

BINGHAMTON STATE HOSPITAL.

This hospital was opened for the reception of patients in 1881, being the sixth established. It is situated within the city of Binghamton, and is accessible by street car and private conveyance. It has a total of 1,057 acres. The estimated value of its real estate inclusive of buildings on the 1st of October, 1891, was $675,000, or for each patient, according to the reported capacity of the institution, a per capita of $642.85. The value of its personal property was $84,375.89. The number of acres of farm land under cultivation at that time was 757. The capacity of the institution is given at 1,050, and the daily average number under treatment for the year ending September 30, 1891, was 1,136.

The administration building and the grounds appurtenant thereto were formerly what was known as the New York State Inebriate Asylum, which was turned over to the Binghamton State Hospital upon its assumption by the State, and, therefore, to some extent the institution was beneficiary of the private funds which were contributed to the establishment of the old inebriate asylum.

Dr. T. S. Armstrong is the medical superintendent, having been appointed to that office in July, 1880.

This institution was unfortunately established on the same line as the Willard State Hospital, namely, for the exclusive care of

the so-called "chronic" or "incurable" insane, and so continued until the passage in 1890 of the third State care act, which placed it on a similar and equal footing with the other State hospitals of the State for the care and curative treatment of the insane generally.

General Operations.

State generally the operations of the hospital for the fiscal year ending September 30, 1891, giving the number and kind of buildings erected or completed during the year, or now in course of erection, the extraordinary repairs to buildings and other important improvements begun or completed during the year; also any new features in methods of management, together with a cursory review of the general results of the year.

A brick cottage is being constructed at the main plant that will accommodate some 100 patients. The work is progressing satisfactorily and it will be ready for occupancy in April or May, 1892. The building will, we think, be admirably adapted for the care of the insane.

A frame cottage with a capacity of thirty or thirty-five is being built at one of our farms. This we hope to occupy in February, 1892. Its location is desirable and it will furnish very pleasant and homelike quarters for the patients.

A large barn and silo have been built at the Barlow farm and they are now completed and occupied.

We have built a conduit for the steam pipes extending from the various buildings at the main plant to the boiler-house at the river. This conduit is sufficiently large to enable a man to walk through and to make the necessary repairs.

There has been considerable painting done about the place and, all in all, the year has been a busy one. On the whole we think the results for the year have been satisfactory.

Care and Treatment.

State briefly your views on the care and treatment of the insane, with special reference to these points:

General Character of Medical Treatment.

Our opinion is, that in the treatment of the insane, more depends upon the moral and hygienic treatment than upon purely medical treatment.

1. Medicines, how prescribed, dispensed and how and by whom administered, whether by "single dose" system or otherwise.

The classes of remedies used are largely of a tonic and alterative character. Hypnotics and anodynes are used to some extent but not so largely as many people suppose. Medicines are prescribed by the physicians in attendance on the wards. Records of prescriptions are kept. Most remedies are dispensed by two druggists on the "single dose" system.

2. What class of medicines, if any, are kept on the wards and in whose custody kept? State if poisonous drugs of any kind are kept on the wards and what precautions are taken in the use of the same.

Medicines, in certain cases, are left with the attendants to be given half-hourly or hourly as the case demands. No poisonous drugs of any kind or character are kept on the ward.

3. Extra diet for sick and feeble, stating variety provided, by whom ordered and the method of insuring its reaching those for whom it was ordered.

Extra diet for sick and feeble is ordered in the main kitchen by the physician in charge of the ward and we are very particular to see that it reaches the patient in a palatable form. Broths, soups of various kinds, farina, corn starch, eggs, toast, in fact every thing we think our sick need or would relish, we intend to provide for them.

4. Artificial feeding or forced alimentation; state the rule of practice as to (*a*) methods of feeding; (*b*) on whose order and by whom done; (*c*) usual length of time permitted to elapse after a patient refuses to eat before feeding is resorted to; (*d*) how often the feeding process is usually repeated in a given case during the day or twenty-four hours; (*e*) forms in which foods are forcibly administered.

(*a*) In case of artificial feeding we resort to the nasal tube. (*b*) This is never done except on order of the physician. The first few times a physician is always present and either does the feeding himself or superintends it. We have some cases that have been fed artificially with a tube for years. These cases are trusted to worthy attendants in whom we have the utmost confidence. We have never met with any accident in artificial

feeding. (*c*) The length of time permitted to elapse after patients refuse to eat before feeding is resorted to depends entirely on the case. In some instances we allow but two or three meals. In others we have allowed several days before resorting to artificial feeding. (*d*) In most cases which require artificial feeding regularly the process is repeated three times in twenty-four hours. (*e*) The forms in which foods are forcibly administered are milk with egg beaten, clear milk and soups of various kinds.

Moral Treatment.

1. State the facilities provided and methods in vogue for the entertainment and diversion of patients, including (*a*) amusement hall, its location, capacity, kind of entertainments for which it is adapted, and whether used for religious worship; (*b*) variety and average frequency of entertainments given therein; (*c*) band of music, and if so, whether composed of patients or employés, or both, or whether hired for the occasion; (*d*) number and kind of musical instruments provided for the use of patients, exclusive of those used by the band; (*e*) from what fund are amusements maintained or provided; (*f*) average number of patients who attend entertainments; and if a record of the number is kept; (*g*) frequency and denomination of religious worship, and average number of patients who attend such worship and compensation paid to clergymen; state approximately the number of patients of Roman Catholic faith and what provision, if any, is made for their spiritual requirements, including amount of compensation paid for the same; (*h*) rule as to arrangement for attention to the spiritual needs of the seriously sick and dying; (*i*) green-houses, if any, and estimated cost of same, to what extent approximately are flowers and foliage plants supplied to the wards, and what class of wards are so supplied; (*j*) generally, the extent to which the wards are supplied with pictures, bric-a-brac and other ornaments, also song birds, if any, and if these things are supplied to any extent to the "disturbed wards;" (*k*) have you a patients' library, and, if so, the number of volumes contained therein, and, approximately the number of patients who indulge in reading books; how is the library maintained? (*l*) State approximately, the number of newspapers, magazines, etc., that are taken or received for patients' use; (*m*) practice as to taking patients out of doors for exercise; are disturbed patients

regularly taken out, and how frequently? (*n*) Has your hospital a base-ball club, and, if so, what proportion of it is composed of patients? (*o*) State any other means of amusement or diversion provided for patients.

(*a*) We have no amusement hall proper. Entertainments are held in the chapel which is in the upper story of the main building and has chairs for seating some 350. (*b*) Entertainments are held once or twice a week during the spring, fall and winter, and consist principally of dancing, music (vocal and instrumental), readings, recitations and occasionally theatrical and minstrel performances. (*c*) We have a good brass band and a good orchestra composed of employes of the institution. (*d*) We have a piano and one or two organs provided for the use of patients. (*e*) We have no special fund for amusements. Necessary expenses are paid from the maintenance fund. (*f*) A record of those attending entertainments is kept. The average number of patients attending such entertainments the past year was 209. (*g*) Religious services are held in the chapel every Sunday at 3 P. M., conducted by different clergymen from the city. The average number of patients attending such worship during the last year was 196. The compensation paid is five dollars per Sunday. This is taken from the maintenance fund. The Roman Catholics are frequently invited and occasionally they hold service. The same compensation is paid the Roman Catholic clergy as is paid to others. We should think that about one-third of our number were of the Roman Catholic faith. (*h*) In case of the Roman Catholics being seriously sick and dying we always intend to send for a priest. And if other patients desire it we have a clergyman visit them. (*i*) We have one green-house which is not nearly large enough for the institution. Estimated cost, $1,900. Our better wards are frequently supplied with flowers and foliage, and it is our intention to have all wards more generously supplied in the future. (*j*) The better wards in the main building are supplied with pictures and occasionally some bric-a-brac. None of the wards are as yet supplied with birds. We intend to supply all wards so soon as it is possible with pictures and adornments of various kinds. (*k*) We have a library that formerly belonged to the inebriate asylum. The number of volumes we can not give. Patients are allowed to draw books whenever they choose and quite a number avail themselves of this privilege. (*l*) Some sixty newspapers and magazines are sent regularly for the use of patients and on Saturday a large quantity of newspapers, magazines and other reading matter

is collected from the lawyers' offices, hotels, and Young Men's Christian Association rooms in the city. (*m*) The rule is to take all patients that are able out doors daily for exercise when weather will permit. Disturbed patients are taken out the same as others. (*n*) We have a base-ball club composed mostly of employes. Patients are allowed to play with the club.

2. Give the number and kinds of industrial occupations in which patients are engaged, and the average number of patients regularly employed in each; also separately the estimated value of the products of such occupations.

The only occupations in which our patients are engaged are farm work in its various forms, sewing, mending, some fancy work, laundry work, shoemaking, harness making, blacksmithing and ward work. We have as yet introduced no mechanical industries, which we hope to do in the near future.

3. Do you use mechanical restraint, and, if so, what forms are used and under what circumstances and on whose order is it applied? Is seclusion of patients practiced, and, if so, to what extent and under what circumstances and at whose discretion is it resorted to? Is there a record kept of restraint and seclusion? Give separately the number of patients restrained and secluded during the year. Please state your views respecting the utility or necessity of mechanical restraint and seclusion in the treatment of the insane.

We use no mechanical restraint. Seclusion of patients is not practiced to any extent and never except under the directions of physicians. Record of this is kept. We are thoroughly satisfied that a hospital for the insane can be conducted with very little, if any, restraint and seclusion.

4. If articles of furniture are fastened to the floor on the wards, state the number and kinds of each, and the reasons why it is regarded as necessary.

No articles of furniture are fastened to the floor on the wards. We do not longer regard this as necessary.

5. If there are any airing courts attached to the hospital, state how many and the location, extent and arrangement of each, and the reason why they are regarded as necessary.

We have no airing courts.

BATHING.

1. How frequently are patients regularly bathed; what are your rules as to bathing of "filthy" patients, supervision of bathing, renewing the water and regulating its temperature; to what extent is the bathing supervised by a medical officer, and are any patients permitted to bathe without the presence of an attendant. Are sheets used for drying patients when bathing, and to what extent are bathing towels provided. Have you a spray bath in operation, and do you regard that method of bathing patients with favor. State your views as to the propriety of allowing patients to bathe unattended.

Patients are bathed regularly once a week and as much oftener as is necessary, and patients are bathed whenever they are filthy. Bathing is done under the general supervision of the physician and special supervision of supervisor or head attendant. The water is changed after each patient is bathed, and the bath tub is thoroughly cleansed. The regulation of the temperature has been done by the hand of the attendant. Orders have been issued that there be thermometers used in every ward for this purpose. Some few patients are permitted to bathe themselves without the presence of an attendant. This is done only by the special order of a physician. Towels, and not sheets, are used for drying patients. We have no spray bath in operation. One is in process of construction. We are decidedly in favor of allowing certain patients to bathe themselves unattended.

CLOTHING AND BEDDING.

1. What is the general character of clothing supplied to public patients? How much does it vary with the seasons and how often is patients' underclothing regularly changed?

Our clothing is good and substantial. The working clothes are principally made here. The better clothes are manufactured at our State prisons. Weight of clothing is made to correspond to the season. Patients' clothing is changed every week and oftener if necessary.

2. What is the general character of the patients' bedding and how frequently are the sheets and pillow-cases regularly changed?

We use principally hair mattresses and we intend to use no others so soon as we can supply ourselves with them. Sheets and pillow-cases are changed at least once a week and oftener, if necessary.

3. Is the bedding changed during the night in case of soiling?

Bedding is always changed during the night if soiled.

Night Service.

State in full your arrangements for night service as to attendants, nurses and watchmen, and the duties prescribed for each class. Are filthy patients regularly taken up during the night? To what extent are the wards under medical supervision at night?

We have six general night watchers for wards, we also have a man on duty at night whose sole business it is to look after the heating and ventilating of the different buildings. We have sixteen night attendants who are on constant ward duty. The general night watchers visit all the wards every hour, giving special attention to those wards which do not have regular night attendants. The night attendants' duties are the same as the attendants on day duty. Our orders are to have all filthy patients regularly taken up during the night. All soiled bedding and all sources of foul air are at once looked after and removed. Physicians frequently visit the wards during the evening and instructions are given to the general night watchers to call a physician at once in case of necessity.

Dining-room Service.

Have you ward or associate dining-rooms? Are the dining-rooms in charge of special attendants (if women are in charge of men's dining-rooms, state the fact)? Do the attendants dine with the patients or separately, and, if the latter, before or after the patients' meals are served? To what extent is the dining-room service supervised by a medical officer?

As a rule we have ward dining-rooms. In north and south building the patients on all the male wards eat in one dining-room and on all the female wards the patients eat in one dining-room. Our dining-rooms are in charge of dining-room attendants. We have as yet no women in men's dining-rooms. We contemplate doing this soon. In the east and south buildings and in wards E, F, 5 and 6, attendants eat in the same dining-room with patients. In other wards attendants have special dining-rooms. The attendants eat before patients' meals are served except in east building. There attendants and patients eat at the same time. Medical officers frequently visit dining-rooms at meal times.

VISITATION OF PATIENTS.

Have you special days or hours when visiting is allowed. If so, state them and whether the patients' friends are allowed to visit them on the wards or elsewhere. Are general visitors permitted to visit the wards promiscuously?

We allow friends of patients to visit them at any time between the hours of 9 and 5. In special cases we allow friends to visit patients on Sunday. Patients are allowed frequently to visit their friends in the general reception-room. We have recently fitted up a reception-room in the south wing for this purpose. We are to fit up one in the north wing for the same purpose. Our north building has a very pleasant reception-room where friends visit patients.

We allow the general public to visit wards 2 and 4 in both wings in the main building. These are termed "visiting wards" and visitors are not allowed to enter any other wards unless by special permission of an officer.

CORRESPONDENCE.

What is your practice as to delivering patients' letters unopened? State your objections, if any, to this practice.

All letters written by patients are forwarded, according to the recent ruling of the State Commission in Lunacy. The incoming mail for patients is delivered to the patients unopened. In special cases, however, it is opened in the presence of a supervisor or officer.

RECOVERIES AND DEATHS.

Give percentage of recoveries on number admitted.

The percentage of recoveries on number admitted was twelve per cent.

Give percentage of recoveries on average daily population.

The percentage of recoveries on average daily population was 2.9 per cent.

Give percentage of recoveries on whole number treated.

The percentage of recoveries on whole number treated was 2.4 per cent.

Give percentage of recoveries on number discharged.

The percentage of recoveries on number discharged was 21 per cent.

Of those discharged recovered the previous year, how many were readmitted prior to October 1, 1891?

Of those discharged recovered the previous year, two were readmitted prior to October 1, 1891.

Give percentage of deaths on number admitted.

The percentage of deaths on number admitted was 2.7 per cent.

Give percentage of deaths on average daily population.

The percentage of deaths on average daily population was 6.7 per cent.

Give percentage of deaths on whole number treated.

The percentage of deaths on whole number treated was 5.5 per cent.

Give percentage of deaths on number discharged.

The percentage of deaths on number discharged was 33 per cent.

Give the whole number of inebriates, that is alcoholic, opium and other "narcotic habitués" discharged during the year, and whether these are classed as "recovered" or "not insane" in your report of discharges.

There was one "opium habitué" discharged during the year and he was classed among those discharged "recovered."

RESIDENT OFFICERS.

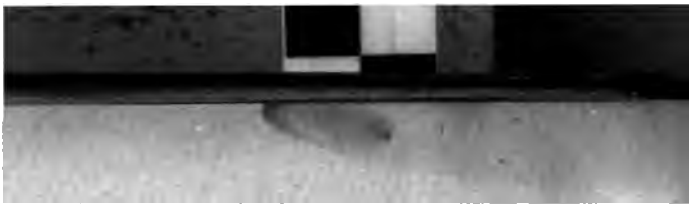
Give the name, rank, date of employment, compensation, and previous experience, if any, of each resident officer; also salary of treasurer.

Dr. T. S. Armstrong, superintendent, appointed July, 1880. Compensation, $3,500 per year. Was general practitioner for over thirty years. Had charge of the insane in Tioga county for thirteen consecutive years.

Dr. Charles C. Eastman, first assistant physician, appointed October 24, 1881. Compensation, $1,800 per year. Was general practitioner for eleven years.

Dr. O. J. Wilsey, second assistant physician, appointed January, 1882. Compensation, $1,400 per year. Was general practitioner for six years.

Dr. John F. Fitz Gerald, third assistant physician, appointed August, 1886. Compensation, $1,200 per year. Previous experience, hospital service in St. Peter's Hospital, Albany, N. Y.



Dr. Harris C. Rodgers, fourth assistant physician, appointed July, 1890. Compensation, $900 per year. Was interne in this hospital for fourteen months; acting assistant physician, five months.

Dr. E. Gertrude Crum, woman physician, appointed October 1, 1890. Compensation, $1,200 per year. Previous experience, hospital service in New York, and general practice in Rochester.

Edwin Evans, steward, appointed July, 1880. Compensation, $1,400 per year.

Mrs. L. S. Smith, matron, appointed November, 1881. Compensation, $500 per year.

Jerome DeWitt, treasurer. Compensation, $1,000 per year.

SUBORDINATE EMPLOYES.

1. Give the number of employes other than resident officers, the capacity in which employed, compensation, and the number receiving the same compensation in each occupation, specifying whether men or women.

The following is the number of employes other than resident officers, the capacity in which employed, compensation and the number receiving the same compensation:

Number.	OCCUPATION.	Wages and number receiving the same compensation.							
7	Cooks, men	(1) $14	(1) $18	(1) $22	(1) $27	(2) $28	(1) $32		
14	Cooks, women	(3) 14	(1) 13	(1) 12	(1) 11	(3) 16	(1) 17	(3) 18	(1) 30
1	Tailoress, woman	20							
8	Seamstresses, women	(2) 20	(1) 17	(1) 16	(2) 15	(1) 14	(1) 10		
3	Laundry, men	38	28	20					
20	Laundry, women	(1) 20	(1) 15	(6) 14	(1) 25	(1) 24	(2) 10	(1) 12	(1) 13
5	Centre, women	(2) 15	(1) 14	(2) 13					
1	Creamery, woman	12							
4	Dining-room, women	(2) 14	(1) 13	(1) 12					
3	Supervisors, men	(1) 50	(2) 35						
3	Supervisors, women	(3) 20							
4	Clerks, men	60	50	25	17				
3	Clerks, women	40	20	16					
1	Usher, woman	23							
7	Night attendants, men	(1) 42	(2) 40	(2) 35	(1) 30	(1) 25			

Subordinate Employes — (*Continued*).

Number.	Occupation.	Wages and number receiving the same compensation.							
10	Night attendants, women...	(1) $28	(1) $27	(4) $20	(3) $18	(1) $16			
68	Day attendants, men	(6) 40	(2) 35	(1) 32	(1) 28	(2) 27	(4) $25	(6) $24	(4) $23
			(4) 22	(5) 21	(15) 20	(2) 19	(4) 18	(2) 17	(3) 16
			(7) 14						
89	Day attendants, women	(2) 20	(4) 18	(4) 17	(31) 16	(14) 15	(9) 14	(3) 13	(5) 12
			(3) 11	(13) 10					
10	Carpenters, men.....	(1) 65	(1) 46	(1) 45	(2) 50	(2) 45	(2) 52	(1) 40	
10	Teamsters, men	20							
1	Shoemaker, man.....	50							
2	Barn hands, men.....	25	18						
1	Blacksmith, man	45							
2	Gardeners, men	40	37						
1	Florist, man	50							
1	Barber, man	45							
2	Bakers, men	70	40						
2	Druggists, men	25							
2	Painters, men.....	40	45						
2	Engineers, men.....	75							
6	Firemen, men.....	(2) 30	(2) 35	(2) 50					
5	Plumbers, men.....	(1) 50	(1) 40	(1) 35	(2) 25				
3	Farmers, men.....	50	27	25					
2	Masons, men	50	20						
4	Outside help, men.....	(1) 28	(1) 20	(2) 18					
1	Stockman, man	23							
1	Storekeeper, man.....	40							
1	Butcher, man	40							
2	Soap makers, men	39	14						
312	Total employes.								

2. Give the ratio of employes of all kinds to patients.

The ratio of employes of all kinds to patients is 1 to 3.6.

3. Give the annual per capita cost per patient of all employes.

The annual per capita cost per patient of all employes was $64.17.

4. Give the ratio of attendants exclusively occupied on the wards to patients.

The ratio of attendants exclusively occupied on the wards to patients was 1 to 6.

5. Give separately the ratio of wages paid men and women attendants on entering the service.

The ratio of wages paid on entering the service is: Men, $14.00 and women, $10.00.

6. Give separately the maximum rate of wages paid men and women attendants.

The maximum rate of wages paid men and women attendants is: Men, $50.00 and women, $20.00.

7. State the rule, if any, governing the promotion in rank and pay of attendants.

The promotion in rank and pay of attendants depends upon satisfaction given. All attendants after having been in our service two months are advanced in salary from one to two dollars a month and thereafter according to length of service and capability.

8. Is there any definite term or period at the end of which faithful and efficient attendants are entitled to promotion in either rank or pay, or both.

There is no definite term or period at the end of which faithful and efficient attendants are entitled to promotion in either rank or pay or both.

GENERAL.

Give the yearly per capita cost and the average purchase price of the staple articles of supply contained in the following table, as shown by the steward's books.

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Fruits, fresh	.....	.....	$0.423	$480 59
Fruits, canned	26	$2.48	056	64 48
Fruits, dried	8,556	08	602	684 48
Vegetables, fresh	.....	.....	8.926	10,140 86
Vegetables, dried, bushels	165	2.25	326	371 25
Meats, fresh	264,367	061	14.195	16,126 38
Meats, salt	15,000	062	818	930 00
Meats, canned	14,100	0791	981	1,115 31
Meats, smoked	3,220	10	283	322 00
Poultry	1,841	141	228	259 58
Fish, fresh	610	138	074	84 18
Fish, salt	14,373	087	1.100	1,250 45
Flour, wheat, barrels	1,841	5.22	8.46	9,610 02
Flour, buckwheat	300	0025	005	6 75
Corn meal	1,091	02	019	21 82
Oat meal	8,900	0325	254	289 25
Rice	7,470	0581	382	434 00
Hominy	100	0575	005	5 75
Other cereals	661	056	032	37 01
Crackers	9,624	06	508	577 44
Butter	50,007	212	9.32	10,601 48
Cheese	4,107	088	318	361 42



GENERAL — (*Concluded*).

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Milk, quarts	231,814	$0.04	$8.16	$9,272 56
Eggs, dozen	11,050	26	2.73	3,107 00
Tea	7,462	233	1.53	1,738 65
Coffee	11,104	254	2.48	2,820 42
Sugar	60,448	045	2.23	2,538 82
Molasses, gallons	570	35	17	199 50
Syrup, gallons	1,957	35	603	684 95
Vinegar, gallons	1,699	18	26	305 82
Salt, bushels	250	30	066	75 00
Pepper	240	16	033	38 40
Spices	657	163	094	107 10
Liquors distilled	65	2.63	15	170 95
Liquors, vinous	52	1.25	057	65 00
Total	.....	.....	.....	$74,997 67

Fuel and Lighting.

Give the total per capita cost of fuel, exclusive of wages, the average purchase price per ton of hard and soft coal, also the number of tons of each consumed; the total and per capita cost of lighting the hospital, exclusive of wages; the yearly and per capita cost of clothing; the yearly per capita cost of bedding; the yearly per capita and total cost of furniture; the yearly per capita and total coat of salaries of resident officers (including salary of treasurer); the yearly per capita and total cost of wages of all kinds other than officers' salaries; the yearly per capita and total cost of attendants proper, including ward supervisors; the yearly per capita and total cost of medicines and medical stores and appliances; the yearly per capita and total cost of managers' or trustees' expenses of all kinds; the yearly per capita and total cost of miscellaneous and all other items of expense for maintenance not included in the preceding ten items; the yearly per capita and total cost of maintenance, *inclusive of officers' salaries*, ordinary repairs and every other item of expense which may properly be charged to maintenance account; the total cost of extraordinary repairs and renewals, additional lands and buildings, or improvements of a special character.

The following table is submitted as a reply to the above questions:

	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Fuel, tons	9,246	$1 84	$14 97	$17,012 99
Light	.....	.....	1 96	2,232 60
Clothing	.....	. ....	12 79	14,535 65
Bedding	.....	.....	2 02	2,305 28
Furniture	.....	.....	3 96	4,498 00
Officers' salaries	.....	.....	10 54	11,980 00
Wages	..	.....	63 21	72,907 79
Attendants	.....	.....	30 92	35,124 87
Medical stores	.....	.....	1 28	1,450 19
Trustees	.....	.....	37	43 00
Miscellaneous	.....	.....	81 45	93,628 06
Maintenance, including officers' salaries	.. ..	.....	194 18	220,593 56
Extraordinary repairs	.....	.....	.....	67,759 20

APPROPRIATION REQUIRED.

Give an itemized schedule of the appropriations required for 1892, stating briefly the necessity for each item in the schedule.

An electric plant..... $15,000 00

Our present system of lighting the hospital is an inferior and inadequate one. Electricity is less liable to produce fire; gives better light and is more economical.

Steel ceiling 4,000 00

It is necessary to put in new ceilings from the fact that the old ceilings need repairing and are unsafe. Steel ceiling is more safe, economical and ornamental.

Improvements to steward's cottage..... 700 00

The kitchen needs enlarging, and other improvements are very much needed.

Furniture for wards now in use, etc..... 5,000 00

Our present supply is insufficient.

Green-house 2,000 00

To propagate early vegetables for the tables, and plants for the wards and grounds.

Bowen house and three acres of land and pastures 1,600 00

It is desirable property for the State to own.

Grouting basement of north building..... 600 00

It is now in a dilapidated condition.

Plastering outside of stone wall of east building with Portland cement..... 300 00

The foundations formerly constructed are not in good condition.

Stone flagging for walks..... 1,000 00

Many of the wards are some distance from the main building and there are no walks leading to them.

Repairing and grouting stables for sixty head of cattle and horses and repairing basement walls at Phelps' farm 600 00

These repairs are necessary.

Rebuilding silo and home barn 150 00

It is not in condition to be used until repairs are made.

Portable engine for threshing and cutting ensilage..... 500 00

We have none at present and one is very much needed.

Motor for running sewing machines in tailor shop..... 200 00

We have none at present and this would prove an economical investment.

Engine for pumping water at Phelps & Barlow farms...	$300 00
The pumping at present is done by hand and an engine would save time and labor.	
Three hot-water generators (Dr. Tobin's).....	1,350 00
The ones at present in use are too small and are nearly worn out.	
Cottage for engineer at water works.....	1,500 00
That the engineer may be near this plant in case of there being an accident or his being needed there in the night.	
Building new crib at river.....	500 00
The one now in use has given out and it is very necessary that a new one should be substituted.	
Shed for housing dry lumber.....	550 00
We have none at present and one should be provided for the purpose.	
Covering for steam pipe.....	2,000 00
Protection and economy.	
Fire-escape at north end of Ogden building.....	500 00
Our present protection from fire is not sufficient, and in case of fire here the result might prove disastrous.	
For deficiency in maintenance.....	30,000 00
Total.....	$68,350 00

ST. LAWRENCE STATE HOSPITAL.

This hospital was partly built and opened for the reception of patients in 1890, being the seventh established in point of time. It is situated about three miles from the city of Ogdensburg, and is accessible by public stage. It has a total of 950 acres of land. The estimated value of its real estate, inclusive of buildings, on the 1st of October, 1891, was $1,400,000. The capacity of the hospital when completed in accordance with the original plans as required by the Legislature will be 1,500, at a per capita cost estimated by the architect not to exceed $1,150 The value of its personal property was $59,867.50. The number of acres of farm land under cultivation at that time was 500. The present capacity of the institution is given at 400, although accommodations are ready at the present time to bring

the capacity up to 600 upon the purchase of the necessary furniture. The daily average number under treatment during the year ending September 30, 1891, was 227.

This hospital is designed to represent in its structural arrangements the most advanced ideas of the present day in public hospital construction, and when completed will consist of a central hospital and administration building, together with a series of detached cottages or groups of buildings sufficiently varied in style of architecture and interior arrangement to fully meet the requirements of classification of its inmates. In designing the building the architect, Mr. I. G. Perry, has admirably succeeded in giving to them a tasteful and dignified solidity combined with durability, convenience, as well as compliance with modern sanitary requirements in the matter of heating, ventilation, plumbing, etc.

The site for this hospital was wholly purchased by the State.

Dr. Peter M. Wise is the medical superintendent; he was appointed in 1889.

GENERAL OPERATIONS.

State generally the operations of the hospital for the fiscal year ending September 30, 1891, giving the number and kind of buildings erected or completed during the year, or now in course of erection, extraordinary repairs to buildings, and other important improvements begun or completed during the year; also any new features in methods of management, together with a cursory review of the general results of the year.

The first patients were received upon December 9, 1890. From that date and up to October 1, 1891, the close of the hospital year, there were 225 women and 241 men, or a total of 466 patients received. Of this number fifty-one were discharged — twenty-nine as recovered, ten as improved, seven as unimproved, five as not insane; and twenty-eight died, leaving 387 patients remaining upon September 30, 1891. The daily average between December 9, 1889, and October 1, 1891, was 227

Of the 466 patients received during the year, 269 were transferred from alms-houses or county asylums. The remainder were committed under new certificates of insanity. In 128 of the admissions, the alleged duration of the insanity was under one year. Twenty-seven of the twenty-nine recoveries reported were from this number.

Care and Treatment.

State briefly your views on the care and treatment of the insane, with special reference to these points:

1. General Character of Medical Treatment.

Medical treatment is furnished patients by the attending physicians on the ward, who look after their requirements. The visits are made regularly twice daily, mornings and afternoons, but in cases of sick requiring more frequent visitations, they are given as required.

2. Medicines, how prescribed, dispensed and how and by whom administered, whether by "single dose" system or otherwise?

Medicines are prescribed by recording in the prescription book or by prescription slips which are numbered to correspond to the number placed upon the bottle. All medicines are dispensed by the single dose system.

3. What class of medicines, if any, are kept on the wards and in whose custody kept? State if poisonous drugs of any kind are kept on the wards and what precautions are taken in the use of the same.

No medicines are kept on the ward except in the case of some disinfectants, and they are kept under lock and key in charge of the head attendant.

4. Extra diet for sick and feeble, stating variety provided, by whom ordered and the method of insuring its reaching those for whom it was ordered.

Extra diet is prescribed by the physician by a written order to the several cooks in charge of the kitchens, and a report is weekly rendered stating extra diet that has been issued, and such report must be signed by the cook and countersigned by the steward. It is also subject to examination by the attendant and any lapse can be recognized. The following is a list of extra diet to which are added such articles as may be deemed necessary by the physician. The physicians are not limited in the matter of extra diet:

Milk, eggs, toast, porridge, mush, oysters, beef, chicken, mutton, corn starch, tapioca, arrowroot, farina, rice, cracked wheat, custard, apples, jelly and canned fruits.

5. Artificial feeding or forced alimentation; state the rule of practice as to (*a*) methods of feeding; (*b*) on whose order and by

whom done; (*c*) usual length of time permitted to elapse after a patient refuses to eat before feeding is resorted to; (*d*) how often the feeding process is usually repeated in a given case during the day or twenty-four hours; (*e*) forms in which foods are forcibly administered.

Forced alimentation is practiced:

(*a*) By the nasal feeding tube and the ordinary œsophageal tube, the food being propelled by an ordinary syringe or pumped, or by gravitation.

(*b*) It is done upon the order of the superintendent and by the assistant medical officer.

(*c*) The length of time permitted to elapse after the patient refuses to eat before feeding is resorted to depends entirely upon the vitality of the patient, and the necessity for nourishment. Usually forcible feeding is practiced upon the third or fourth day after the refusal of food.

(*d*) In ordinary cases the feeding process is repeated twice during the day, but in extreme cases it is repeated at intervals of six hours, or as often as required.

(*e*) Foods are selected that can be administered in a liquid form, and those that have the physiological elements that seem to be required by the patient, milk being the basis, unless contra-indicated.

MORAL TREATMENT.

1. State the facilities provided and methods in vogue for the entertainment and diversion of patients, including (*a*) amusement hall, its location, capacity, kind of entertainments for which it is adapted, and whether used for religious worship; (*b*) variety and average frequency of entertainments given therein; (*c*) band of music, and, if so, whether composed of patients or employes, or both, or whether hired for the occasion; (*d*) number and kind of musical instruments provided for the use of patients, exclusive of those used by the band; (*e*) from what fund are amusements maintained or provided; (*f*) average number of patients who attend entertainments, and if a record of the number is kept; (*g*) frequency and denomination of religious worship and average number of patients who attend such worship and compensation paid to clergymen; state approximately the number of patients of Roman Catholic faith and what provision, if any, is made for their spiritual requirements, including amount of

compensation paid for the same; (*h*) rule as to arrangement for attention to the spiritual needs of the seriously sick and dying; (*i*) green-houses, if any, and estimated cost of same, to what extent, approximately, are flowers and foliage plants supplied to the wards, and what class of wards are so supplied; (*j*) generally, the extent to which the wards are supplied with pictures, bric-a-brac and other ornaments, also song birds, if any, and if these things are supplied to any extent to the "disturbed wards;" (*k*) Have you a patients' library, and, if so, the number of volumes contained therein, and, approximately, the number of patients who indulge in reading books; how is the library maintained? (*l*) State approximately the number of newspapers, magazines, etc., that are taken or received for patients' use; (*m*) practice as to taking patients out of doors for exercise; are disturbed patients regularly taken out and how frequently? (*n*) Has your hospital a base-ball club, and, if so, what proportion of it is composed of patients; (*o*) state any other means of amusement or diversion provided for patients.

There are no facilities provided by the State for congregate entertainment and diversion of patients; therefore,

(*a*) No amusement hall being provided, it is necessary to use a day room in the infirmary for any entertainments that we may have, which I can report with a great deal of emphasis is a matter of considerable embarrassment and inconvenience, and is an actual injury to many patients occupying those rooms.

(*b*) In the room mentioned above there is one evening in the week devoted to a social party with dancing for patients between the hours of 7.30 and 9.30 P. M. We have had also, by the erection of a temporary stage at one end of the room, an occasional concert and reading.

(*c*) Music for dances is provided by a female patient playing the piano and two male employes playing the violin. No music has been hired for these occasions.

(*d*) One piano.

(*e*) There is no fund for amusements and no money has been expended for this purpose.

(*f*) The average number of patients attending entertainments is 128. A record of the number is kept.

(*g*) Religious service is held in the day-room mentioned above at 3 P. M. on Sunday of each week. The average number of patients attending such worship is about 120. No compensation is paid to

the clergymen, as their services are rendered gratuitously as well as the services of their respective choirs furnishing the music. This service is rendered alternately by the Roman Catholic, Episcopalian, Presbyterian, Congregational, Methodist and Baptist clergymen of Ogdensburg. In addition, the Roman Catholic clergymen deliver the sacrament to such Roman Catholic patients as are unable to attend the services in the city, at occasional intervals. The approximate number of Roman Catholic patients in this hospital is one-third the population.

(*h*) There is no rule for the provision of spiritual needs to the sick and dying, but the clergymen of the several denominations to which a patient may belong are notified in extreme cases and have never declined to attend.

(*i*) We have no green-houses or propagating-houses at this hospital, although one is very much needed.

(*j*) Pictures are being supplied to the wards as fast as they can be obtained. There is no distinction made between disturbed and other wards.

(*k*) We have a small patients' library comprising several donations of books from philanthrophic persons to the number of sixty. About one-fourth of the patients indulge in reading books. There is no fund for the maintenance of a library.

(*l*) The press generally of northern New York send a gratuitous copy of their newspaper publications to the hospital for the use of patients, and such papers are distributed with great care so that the papers from the central localities will reach the patients they will interest in the greatest degree.

(*m*) The practice is to take patients out of doors daily for exercise, and this applies particularly to disturbed patients who are inclined to be violent and destructive.

(*n*) Our hospital has no base-ball club.

(*o*) The ordinary table amusements are furnished for patients.

1. Give the number and kinds of industrial occupations in which patients are engaged, and the average number of patients regularly employed in each occupation; also separately the estimated value of the products of such occupations?

Patients are engaged in ordinary domestic occupations; in agricultural work; in sewing and knitting.

2. Do you use mechanical restraint, and, if so, what forms are used, and under what circumstances, and on whose

order is it applied? Is seclusion of patients practiced and if so, to what extent and under what circumstances and at whose discretion is it resorted to? Is there a record kept of restraint and seclusion? Give separately the number of patients restrained and secluded during the year. Please state your views respecting the utility or necessity of mechanical restraint and seclusion in the treatment of the insane.

Mechanical restraint has not been used except in two surgical cases and this form of restraint was a sheet restraining the patients to the bed. Seclusion of patients is occasionally practiced in the care of epileptics during periods of extreme destructive and violent excitement, and in the case of one colored woman — acute mania — now under treatment, possessed of such great strength that we can not supply a sufficient number of women attendants to control her. There is a record kept of restraint and seclusion and it is reported daily upon the written report of the assistant physician whenever it is practiced. There were two patients restrained as above stated and, in all, five patients secluded for short intervals. My views in regard to the utility of mechanical restraint and seclusion are recorded in a number of State documents, and I here only repeat what I have heretofore stated that I do not believe medical officers should be restricted or prohibited from the use of mechanical restraint and seclusion when such processes are believed to be beneficial and tend toward the recovery or improvement of the patient. I should consider it only as a means of treatment and not merely as an expedient for the care of patients.

3. If articles of furniture are fastened to the floor on the wards, state the number and kind of each and the reasons why it is regarded as necessary.

We have no articles of furniture fastened to the floor upon the wards, but I believe that one or two fixed chairs, although not a necessity, would be a great convenience, and would in no way tend to lower the service or produce any alarm.

4. If there are any airing courts attached to the hospital, state how many and the location, extent and arrangement of each and the reasons why they are regarded as necessary?

There are no airing courts or fences about the hospital.

BATHING.

How frequently are patients regularly bathed; what are your rules as to the bathing of "filthy" patients, supervision of bathing, renewing the water and regulating its temperature; to what extent is the bathing supervised by a medical officer, and are any patients permitted to bathe without the presence of an attendant? Are sheets used for drying patients when bathing, and to what extent are bathing towels provided? Have you a spray bath in operation, and do you regard that method of bathing patients with favor? State your views as to the propriety of allowing patients to bathe unattended.

Patients are regularly bathed once weekly. Filthy patients are bathed night and day as required. The supervision of bathing is one of the duties of the supervisors. An inviolable rule is that no water shall be used for the bathing of more than one patient, and that no patient shall be permitted to enter the bath until the attendant has thrust his arm into the water and finds it would be comfortable for his own bath. No patients are permitted to bathe without the presence of an attendant. Towels are invariably used for drying patients in bathing. We have no spray bath in operation upon the wards, and I should fear that the use of one would permit the opportunity of abuse on the part of attendants, as subduing patients by cold spray baths could not very well be proved against them. I should not consider the use of a spray desirable except in a general bathing-house under the direction of an independent and responsible man. There are occasionally cases, particularly with convalescent patients, in which it would be desirable to permit them to bathe unattended. I think with the proper selection this would be entirely safe and the results would be good, although we have thus far not permitted it.

CLOTHING AND BEDDING.

1. What is the general character of clothing supplied to public patients? How much does it vary with the seasons and how often is patients' underclothing regularly changed?

Patients are supplied with a good quantity of clothing; knit underwear, heavy for winter and light for summer, and the underclothing is changed once weekly.

2. What is the general character of the patients' bedding, and how frequently are the sheets and pillow-cases regularly changed?

The mass of beds are supplied with either a coil or a woven-wire mattress; with a hair mattress weighing twenty pounds, made of the best quality of long drawn South American black hair, and this is covered with a protector made of Atlantic A muslin, inclosing two pounds of cotton batting. Each bed has two sheets; one pillow-case; one feather pillow, weighing two pounds; two to four blue Kersey blankets, government standard is required; and one white knit quilt for covering. Sheets and pillow-cases are changed regularly weekly or as often as required.

3. Is the bedding changed during the night in case of soiling?

Bedding is changed during the night by the night attendant when soiled.

Night Service.

State in full your arrangements for night service as to attendants, nurses and watchmen, and the duties prescribed for each class. Are "filthy" patients regularly taken up during the night? To what extent are the wards under medical supervision at night?

In the central hospital group, of which there are now but two cottages in use, there are in each two regular night attendants, and from time to time, as occasion requires, special night attendants for the care of the very sick. These attendants alternate in coming upon duty at 7 o'clock. The other one commences at 10 o'clock, one of the day attendants serving until the late attendant commences duty. They remain upon duty upon the wards where they are placed until the day attendants appear for service at 6 o'clock. In addition to this night service there is a night patrolman, who is a man of mature age, who patrols the several buildings with the exception of the one occupied by women, and during the intervals of rest attends the central telephone office and observes whether there has been any call, during his absence, as well as the annunciator which is also at this office. It is his duty to pass about the buildings, through the central kitchen and laundry, through the part occupied by men, to see whether the night attendants are upon duty, and he walks through the basements of the buildings for the purpose of observation. About the same duty of night attendants as heretofore described applies to the night service at the infirmary.

Dining-room Service.

Have you ward or associate dining-rooms; are the dining-rooms in charge of special attendants (if women are in charge of men's dining-rooms, state the fact)? Do the attendants dine with the

patients or separately, and, if the latter, before or after the patients' meals are served? To what extent is the dining-room service supervised by a medical officer?

We have associate dining-rooms at the infirmary and ward dining-rooms in the central hospital group. The dining-rooms are in charge of young women who are called dining-room attendants, both in the men's and women's dining-rooms. One-half the attendants dine with the patients and the other half attend the patients and dine separately afterwards, after the patients' meals are served. The dining-room service is found to be running smoothly and is only occasionally supervised by medical officers. When the dining-room service is organized, until it becomes throughly settled, it is constantly attended by a medical officer during the hours for meals.

VISITATION OF PATIENTS.

Have you special days or hours when visiting is allowed? If so, state them and whether the patients' friends are allowed to visit them on the wards or elsewhere. Are general visitors allowed to visit the wards promiscuously?

Friends of patients are permitted to visit them on any day except Sunday. Regular visiting days for the public are Tuesdays and Fridays of each week between the hours of 2 and 5 P. M. General visitors are not permitted to visit the wards except in proper order escorted by an usher. By our arrangement, we have opportunities in each ward for allowing friends of patients to visit them uninterrupted.

CORRESPONDENCE.

What is your practice as to delivering patients' letters unopened? State your objections, if any, to this practice.

The rule, with very few exceptions, is to deliver letters to patients unopened, except in recent cases that would probably be disturbed by such letters. I see no objection to this practice and think it is desirable, as well as to send all letters to friends and correspondents of patients, that are not actually obscene.

RECOVERIES AND DEATHS.

Give the percentage of recoveries on number admitted.

.062.

Give percentage of recoveries on daily average population.

12.7.

Give percentage of recoveries on whole number treated.

.062.

Give percentage of recoveries on number discharged.

.37.

Give percentage of deaths on number admitted.

.06.

Give percentage of deaths on average daily population.

12.3.

Give percentage of deaths on whole number treated.

.06.

Give percentage of deaths on number discharged.

.35.

Give the whole number of inebriates, that is, alcoholic, opium and other "narcotic habitués" discharged during the year and whether these were classed as "recovered" or "not insane" in your report of discharges.

The number of inebriates or alcoholic cases discharged during the year was two; and they were discharged as "not insane."

Resident Officers.

Give the name, rank, date of employment, compensation, and previous experience, if any, of each resident officer; also salary of treasurer.

P. M. Wise, medical superintendent; employed February 1, 1890; salary, $5,000 per annum; previous experience, twelve years' service as assistant physician and six years as superintendent of the Willard State Hospital.

J. Montgomery Mosher, first assistant physician; employed October 1, 1890; salary, $1,800 per annum; previous experience, two years assistant physician at the Willard State Hospital.

Robert G. Cook, second assistant physician; employed August 15, 1891; salary, $1,500 per annum; previous experience, two months' service in the Roosevelt Hospital and six months acting superintendent of Brigham Hall, a private asylum for the insane, Canandaigua, N. Y.

John A. Barnette, fourth assistant physician; employed December 1, 1890; salary, $1,200 per annum; previous experience, a few months as clinical assistant at the Utica State Hospital.

Caroline L. Bristol, woman assistant physician; employed August 15, 1891; salary, $1,200 per annum; previous experience, one year's service at the New England Hospital for Women.

SUBORDINATE EMPLOYES.

1. Give the number of employes other than resident officers, the capacity in which employed, compensation, and the number receiving the same compensation in each occupation, specifying whether men or women.

	Per month.
Two male supervisors, at	$30 00
One female supervisor, at	30 00
One housekeeper, at	30 00
One housekeeper, at	20 00
Three engineers, at	50 00
Two engineers, at	45 00
One male usher and clerk, at	42 00
Three male attendants, at	25 00
Three male attendants, at	24 00
Six male attendants, at	22 00
Twenty-one male attendants, at	20 00
Two women attendants, at	18 00
Three women attendants, at	16 00
Three women attendants, at	15 00
Eighteen women attendants, at	14 00
One male night watch, at	25 00
One male baker, at	35 00
One male painter, at	35 00
Five male firemen, at	30 00
One female cook, at	30 00
One female cook, at	25 00
Three female cooks, at	14 00
Four male kitchen porters, at	20 00
Two female kitchen helpers, at	10 00
Three male porters, at	20 00
One steamfitter, male, at	50 00
One steamfitter's helper, at	25 00
One carpenter, at	45 00
One storekeeper, male, at	25 00
One meat cutter, at	25 00
One office boy, at	15 00
One male laundry supervisor, at	50 00
One male laundry helper, at	25 00
Two female laundry helpers, at	14 00
Nine female dining-room attendants, at	10 00
Two female clothing attendants, at	14 00

	Per month.
One male clothing attendant, at	$25 00
One male apothecary, at	40 00
One female stenographer, at	30 00
Seven female domestics, at	10 00
One female seamstress, at	16 00
Two female waitresses, at	10 00
One male barn supervisor, at	45 00
One male barn supervisor, at	35 00
One male teamster, at	23 00
Two male teamsters, at	20 00
Two male barn helpers, at	15 00

Total number employed, 133.

2. Give the ratio of employes of all kinds to patients.

One to 3.13. (It should not be forgotten, and should be stated, in justice, that this ratio will decrease when the asylum gets something near its proper number of patients. All engineering and operative plants are organized for 1,000 patients. In other words the pay-roll will not be increased in those departments when we have that number.)

3. Give the annual per capita cost per patient of all employes.

For the year ending September 30, 1891, sixty-nine dollars and five cents.

4. Give the ratio of attendants exclusively employed on the wards to patients.

One to seven.

5. Give separately the ratio of wages paid men and women attendants on entering the service.

Women, fourteen dollars; men, twenty dollars.

6. Give separately the maximum rate of wages paid men and women attendants.

Women, eighteen dollars; men, twenty-five.

7. State the rule, if any, governing the promotion in rank and pay of attendants.

Increase in pay for the first year, exclusive of other promotion, is one dollar per month each six months.

8. Is there any definite term or period at the end of which faithful and efficient attendants are entitled to promotion in either rank or pay, or both?

In increase of pay. Promotion in rank depends upon efficiency.

GENERAL.

Give the yearly per capita cost and the average purchase price of the staple articles of supply contained in the following table, as shown by the steward's books:

The following is a table of the staple articles furnished this hospital during the year ending September 30, 1891.

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Fruits, fresh	.....	.....	$0 73	$166 00
Fruits, canned	.....	.....	92	208 88
Fruits, dried	8,794 pounds..	$0 10	4 05	919 90
Vegetables, fresh	.....	.....	94	220 91
Vegetables, canned	.....	.....	27	60 72
Meats, fresh	37,188 pounds..	07	11 61	2,636 67
Meats, salt	20,773 pounds..	06	5 32	1,208 96
Meats, smoked	1,837 pounds..	085	70	157 07
Fish, fresh	2,249 pounds..	08	80	174 57
Fish, salt	4,356 pounds..	065	1 30	297 77
Fish, dried	190 pounds..	15	13	29 06
Poultry	.....	45	.....	103 23
Flour, wheat	295 barrels..	5 05	6 56	1,489 40
Flour, buckwheat	9 barrels..	4 90	19	44 08
Flour, graham	25 pounds..	03	003	88
Butter	11,673 pounds..	19	1 02	2,316 46
Corn meal	350 pounds..	02	02	6 00
Oat meal	2,700 pounds..	02	28	63 34
Rice	1,763 pounds..	06	48	100 61
Hominy	1,270 pounds..	03	17	39 00
Other cereals	.....	.....	15	34 95
Crackers	270 pounds..	06	07	16 74
Cheese	70 pounds..	10	03	8 54
Milk	184 gallons..	20	16	36 80
Eggs	2,797 dozen...	18	2 23	507 30
Tea	1,073 pounds..	23	1 14	246 79
Coffee	2,646 pounds..	18	2 22	503 00
Sugar	17,182 pounds..	05	3 85	875 49
Molasses	111 gallons..	35	17	39 40
Syrup	372 gallons..	35	58	132 67
Vinegar	321 gallons..	13	19	43 57
Salt	18 barrels..	1 09	08	19 60
Salt	33 bags....	53	08	17 60
Pepper	55 pounds..	17	04	9 60
Spices	269 pounds..	20	23	53 87
Malt liquor	.....	.....	47	107 28
Wine	68 gallons..	1 06	31	72 00

Fuel and Lighting.

Give the total and per capita cost of fuel, exclusive of wages; əɥɹ average purchase price per ton of hard and soft coal, also the number of tons of each consumed.

The amount expended for fuel from maintenance or general fund for the year ending September 30, 1891, was $8,229.55, or a per capita cost of thirty-six dollars and twenty-five cents. As part of the fuel account was maintained by the department for construction, for the purpose of drying out recently constructed buildings still unoccupied, it will be impossible to give a precise estimate upon our data for the heating of buildings for maintenance purposes only. Moreover, this account covers only a portion of the year. Soft coal cost three dollars and fifty-five cents per ton delivered and the hard coal five dollars and fifteen cents per ton delivered.

2. Give the total and per capita cost of lighting the hospital, exclusive of wages.

The only cost for lighting, aside from wages, is for fuel and repairs. As the steam supply for power is taken from the general source or supply of steam we can make no accurate estimate of its cost. As we again use the exhaust steam for heating purposes the cost is evidently very light.

3. Give the yearly and per capita cost of clothing.

For the year ending September 30, 1891, total cost, $4,553.29; per capita cost, twenty dollars and six cents.

4. Give the yearly per capita cost of bedding.

As our bedding was all newly supplied, the repairs were practically *nil* and could not very well be estimated separate from equipment.

5. Give the yearly per capita and total cost of furniture.

For the year, furniture and repairs cost $1,902.50, or per capita, eight dollars and thirty-eight cents.

6. Give the yearly per capita and total of salaries of resident officers (including salary of treasurer).

Yearly per capita (from opening of hospital to September 30, 1891), thirty-two dollars and ninety cents; total, $7,475.

7. Give the yearly per capita and total cost of wages of all kinds other than officers' salaries.

For the fiscal year, total, $15,675.38; per capita, sixty-nine dollars and five cents.

8. Give the yearly per capita and total cost of attendants proper, including ward supervisors.

Yearly per capita, thirty-five dollars and ninety cents; total, $8,149.30.

9. Give the yearly per capita and total cost of medicines, medical stores and appliances.

Yearly per capita, three dollars and forty-eight cents; total, $789.82.

10. Give the yearly per capita and total cost of managers' or trustees' expenses of all kinds.

Provided for by special appropriations and not within the jurisdiction of the medical superintendent and is outside of his cognizance.

11. Give the yearly per capita and total cost of miscellaneous and all other items of expense for maintenance not included in the preceding ten items.

Miscellaneous expenses, total, $2,158.80; per capita, nine dollars and fifty cents.

12. Give the yearly per capita and total cost of maintenance, *inclusive of officers' salaries*, ordinary repairs and every other item of expense which may properly be charged to maintenance account.

Total, $60,762.11; yearly per capita, $267.67.

13. Give the total cost of extraordinary repairs and renewals, additional lands and buildings, or improvements of a special character.

Under the department for construction and not within the knowledge of the medical superintendent.

APPROPRIATION REQUIRED.

Give an itemized schedule of the appropriations required for 1892, stating briefly the necessity for each item in the schedule.

These rest wholly with the board of managers, and they depend for their estimates upon the architect, Commissioner I. G. Perry.

NOTE.—The following estimate for completing and equipping the St. Lawrence State Hospital has been furnished the Commission by Architect Perry.

Completing central group.

Erecting and inclosing convalescent cottage, east	$50,400 00	
Finishing convalescent cottge east	26,250 00	
Erecting and inclosing convalescent cottage, west	48,000 00	
Finishing convalescent cottage, west	24,000 00	
Erecting and finishing two circular corridors,	14,200 00	
Erecting and finishing two cottages, disturbed patients	36,750 00	
Erecting and finishing two corridors	8,000 00	
Completing steam heating	26,200 00	
Plumbing	10,550 00	
Completing conduits connecting dining-rooms and kitchen	3,000 00	
Painting and decorating	3,500 00	
Electric lighting and fixtures	9,000 00	
		$259,850 00

Completing infirmary group, No. 1.

Erecting and finishing two buildings adjoining dining-rooms	59,010 00

Completing group No. 3.

Finishing	$67,260 00	
Conduit from boiler-house to group No. 3,	6,070 00	
Steam heating	40,000 00	
Electric lighting and fixtures	8,000 00	
Painting and decorating walls	5,000 00	
		126,330 00
Erecting and finishing building for employes		42,600 00
Erecting and finishing recreation building		47,550 00
Erecting and finishing conservatory		5,000 00
Erecting and finishing mortuary		5,542 00
Completing superintendent's cottage		5,000 00
Completing horse barn		5,000 00
Cleaning out basements		800 00
		$556,682 00
Two detached buildings for infirmary group, No. 1, increase the above amount		47,722 50
Total		$604,404 50

Seventy-five cows, silo, additions to old barns	$1,600 00
For farm stock and utensils	4,500 00
For books and instruments	2,000 00
For deficiency in maintenance	30,000 00
Total	$642,504 50

ROCHESTER STATE HOSPITAL.

Nominally, and in intendment of law, this hospital was opened for the reception of patients on July 1, 1891, being the eighth established in point of time, but previous to that time it had been known as the Monroe County Insane Asylum. It is situated in the city of Rochester and is accessible by public conveyance. It has a total of thirty-five acres of land. The estimated value of its real estate, inclusive of buildings, on the 1st of October, 1891, was $106,000 — although the cost to the State of the entire property was only $50,000 — or for each patient, according to the reported capacity of the institution, a per capita of $353.33. The estimated value of its personal property was $15,541.64. The number of acres of farm land under cultivation at that time was twenty-five. The capacity of the institution is given at 300. The daily average number under treatment during the year ending September 30, 1891, was 352.

Strictly speaking, the State in the acquisition of this property was the beneficiary of over $50,000, as the terms of sale were largely below the estimated value of the property.

Dr. Eugene H. Howard has been the medical superintendent from the time of the opening of the hospital as a State institution, having had charge of it for several years prior to its transfer to the State.

This hospital was organized under the State Care Act which provided that the exempted counties of New York, Kings and Monroe might come into the State system upon certain conditions, which were complied with by the county of Monroe, the buildings and grounds being purchased by the State.

Under the act organizing the Rochester State Hospital it is required to report to the State Commission in Lunacy instead of to the Legislature. The Commission also is required to approve

of the salaries of the resident officers. Its report is herein inserted as follows; following this report required by the statute is the special report made to the ommission :

STATE OF NEW YORK — ROCHESTER STATE HOSPITAL.

Board of Managers.

Frederick Cook	Rochester, N. Y.
James Vick	Rochester, N. Y.
William Miller	Rochester, N. Y.
George Raines	Rochester, N. Y.
Leonard Burritt	Spencerport, N. Y.
Levi J. DeLand	Fairport, N. Y.
Jane E. Rochester	Rochester, N. Y.
Perlevette H. Graham	Rochester, N. Y.
Thomas A. O'Hare, M. D	Rochester, N. Y.

Officers of the Board.

Frederick Cook	*President.*
E. H. Howard	*Secretary.*
F. P. Allen	*Treasurer.*

Resident Officers.

Eugene H. Howard, M. D	*Medical Superintendent.*
Ezra B. Potter, M. D	*First Assistant Physician.*
Robert M. Elliott, M. D	*Second Assistant Physician.*
Evaline P. Ballintine, M. D	*Woman Physician.*
Willis S. Remington	*Steward.*
Mary E. May	*Matron.*

To the State Commission in Lunacy:

The managers of the Rochester State Hospital hereby submit their first annual report.

The law in accordance with which this hospital was established is chapter 335, Laws of 1891, a copy of which law is added to this report — appendix A.

The board of managers were appointed June 1, 1891, and thirty days thereafter (July 1, 1891), received the institution from the former board of trustees. On that date there were 170 males and 185 females, making the hospital population, at its opening, 355 patients.

The treasurer's annual report shows the amount of expenditures for the three months ending September 30, 1891. The vouchers which are filed with the Comptroller, showing in

detail these expenditures, have been examined and audited by the executive committee. There are also copies of all vouchers on file at the hospital.

The report of the medical superintendent, appended herewith, shows the operations and needs of the various departments of the hospital and is respectfully commended to your notice.

This plant was sold to the State for the sum of $50,000 by the county of Monroe.

A detailed inventory of all this property is on file in the Comptroller's office. The land is excellent and finely located and is valued at $21,000. The personal property had been in use for some time and was inventoried at about $15,500.

The buildings are worth much more than the remainder of the purchase price of them, but their inadequacy to accommodate 355 patients is readily seen from the fact that buildings suitable for patients, without officers' quarters, can not be constructed for less than $500 a patient.

These buildings had been cheaply constructed, a portion at a time, by the board of supervisors, at as low a cost as possible, with the custom of transferring the most disturbed class of patients to State institutions. They are of combustible material and in need of thorough renovation. Since successful agitation of the plan of State care for the insane made it evident that the county would be obliged to surrender the institution to the State, no additions have been made to the buildings, and during the past four years the medical officers have been required to care for the steadily increasing population without any increase in capacity. The wards were found to be crowded in such a manner that in many instances three patients occupied a room designed for only one patient and other patients were sleeping on cots in the halls. There were only three wards for the classification of male patients and one of these had to be utilized for chapel services and entertainments during a portion of each week.

The arrangement of the buildings is such that one of these wards for male patients is in the same building occupied by female patients, and the other male wards are situated so near that proper separation of the sexes is impossible.

The entire premises were occupied, so that there was found to be insufficient space for the employment of patients and for the storage of maintenance supplies.

Many of the attendants had been removed from buildings into houses rented by the institution.

The sewage system was found to be unsatisfactory and in need of thorough renovation.

In connection with these defects, it was gratifying to find the buildings wired for an excellent system of electric lighting and necessary power obtainable.

The several wards and departments were well kept and in admirable order. The patients were clean and tidy. A large proportion were occupied at useful employment. The discipline of the employes was excellent and the successful working of every department of the hospital emphasized the wisdom of the law which retained the medical officers who were able to secure so great a degree of success with such inefficient appliances and accommodations.

The experience of the past three months has assured us of the fitness of the medical superintendent for his responsible duties and has given proof of the ability and faithfulness of his subordinate officers.

The examination of the buildings evidenced the fact that there is no administrative department where the business of the hospital can be satisfactorily conducted. The quarters now occupied by the officers have been taken from one of the wards. They are needed for the accommodation of patients and are wholly unfitted for their present use. An appropriation of $30,000 will be required for the erection of an administrative building.

The capacity of the buildings is entirely inadequate for the work attempted. Their arrangement is very imperfect. Proper classification is now impossible. Important means of treatment are hampered through lack of accommodations. It is extremely important that there be erected accommodations for 200 patients. An appropriation of $110,000 is earnestly urged for this purpose.

The location of the steam-heating boilers under the apartments occupied by patients, and scattered in different parts of the basements, is such a hazardous and expensive arrangement that we urge that they be placed in a separate boiler-house, to be erected for the purpose. This will require an appropriation of $9,700.

There are no fire-escapes that the patients can use in case of fire. This fault of construction should be immediately corrected

by the erection of suitable outside fire-escapes connected with each ward. It is estimated that $2,480 will be needed for this purpose.

The water-closets and lavatories of the main building are old and defective. They have been condemned by the State Commission in Lunacy as unfit for use. Their condition is a constant menace to health, and their contiguity to the rooms occupied by patients is unjustifiable. We heartily concur in asking for an appropriation of $17,500 for the purpose of erecting semi-detached extensions and furnishing them with suitable appliances.

It is evident that the extra expenditures needed for the management of a small hospital without a farm will result in a deficiency in maintenance during the coming year. An appropriation of $10,000 should be made to increase the maintenance fund.

All of these needs are referred to in the superintendent's report and we feel it our duty to urge the necessity of the improvements there suggested. They are recapitulated in the following table:

For an administrative building	$30,000 00
For accommodations for 200 patients	110,000 00
For boiler-house and placing of boilers	9,700 00
For three fire-escapes	2,480 00
For the erection of two four-story additions for outside closets, lavatories, bath-rooms and clothes-rooms	17,500 00
To supply estimated deficiency in maintenance fund	10,000 00
Total	$179,680 00

All these items are presented as urgently demanded by the condition of this hospital. They are needed to carry on the work of the coming year, and we ask these appropriations, knowing them to be absolutely required.

Respectfully submitted.

FREDERICK COOK.
JANE E. ROCHESTER.
GEO. RAINES.
LEVI J. DELAND.
LEONARD BURRITT.
PERLEYETTE H. GRAHAM.
THOMAS A. O'HARE.
WM. MILLER.
JAMES VICK.

Treasurer's Report.

To the Managers of the Rochester State Hospital:

The treasurer of the hospital respectfully submits the following summary of his receipts and expenditures from July 1, 1891, to October 1, 1891.

Receipts.

From Comptroller, on account of appropriation of $50,000 section 10, chapter 335, Laws of 1890, for maintenance, officers' salaries, ordinary repairs, equipment and incidental expenses	$25,000 00
From private patients	293 29
From the steward, for articles sold	31 15
Balance due to treasurer	6,486 23
Total	$31,810 67

Payments.

For officers' salaries	$2,699 97
For wages	3,837 29
For provisions and stores	7,762 36
For ordinary repairs	4,267 46
For farm and grounds	1,295 31
For clothing	1,731 08
For furniture and bedding	5,816 53
For books and stationery	376 27
For fuel and light	3,000 22
For medical supplies	205 75
For miscellaneous expenses	818 43
Total	$31,810 67

Rochester, *October* 1, 1891.

F. P. ALLEN,
Treasurer.

Report of the Superintendent.

To the Board of Managers:

The superintendent of the Rochester State Hospital, in compliance with the statute organizing the same, would make the following report of its operations for the three months ending September 30, 1891, together with such recommendations as appear

Feather bed ticks	3
Holders	52
Lambrequins	11
Meat cloth	1
Night dresses	8
Nightcaps	12
Pillow slips	613
Protection sheet	1
Ruffles	24
Skirts, canton flannel	117
Skirts, colored	58
Skirt, white cotton	1
Shirts	55
Sheets	280
Strong stockings, pairs of	3
Scarf ties	180
Steam cloths	2
Towels, roller	60
Towels, bath	234
Towels, dish	313
Underwaists	31
Total	3,448
Articles mended	16,455

On July 1, 1891, there were 355 patients in legal custody at this institution. The capacity of the buildings is only 300 and the crowded condition of the wards, in attempting to provide for an average daily population of 356, can only be justified as a temporary condition, made necessary by the exigencies of the establishment of the hospital.

The number of admissions for the coming year, estimated from the past requirements of this district, will not be less than 125 and it is evident that additional accommodations must be provided. The wards and equipment of this hospital are not sufficient for the proper classification of the patients or suitable for the care and treatment of the insane and I would suggest that an appropriation of $110,000 be asked for to provide an additional building for 200 patients.

The business methods necessary to conduct the affairs of the hospital, and the keeping of the records in accordance with law, demand that an administrative building be erected for the purpose. The lack of such a department for business offices will soon result in serious damage to the affairs of the hospital. I would suggest that an appropriation of $30,000 be asked for to provide an administrative building and that it be located at the south of the present buildings which are occupied by female patients. The department to be placed beyond this central building can be used for male patients and the needful separation of the sexes will be thereby accomplished.

The steam-heating boilers are now placed directly under the departments occupied by patients, thereby endangering their lives and the buildings they occupy. Their health and comfort are also impaired by the noxious gases constantly arising from the burning of coal. The location of these boilers has been condemned by the State Commission in Lunacy. An appropriation of $9,700 will be required to erect a suitable boiler-house and to properly place the boilers.

The entire absence of fire-escapes, that can be used by the patients as a means of egress, requires an appropriation of $2,480 for the erection of fire-escapes.

The water-closets and lavatories are in a condition of advanced decay and the steam-heating appliances are defective. The occurrence of serious sickness, traceable to these causes, demands that modern sanitary appliances be placed in semi-detached extensions to the several wards and that the defects in the steam heating be corrected. An appropriation of $17,500 will be needed for this purpose.

The other State hospitals are greatly benefited by the possession of farm lands, while this hospital has only a garden of twenty-five acres. The loss of out-door employment for the male patients resulting therefrom is to be regretted, and the lack of farm products, in conjunction with the restricted number of patients at this hospital, will necessarily result in a deficiency in maintenance during the coming year. An appropriation of $10,000 will be needed to supply this deficiency.

In undertaking the extraordinary difficulties attending the organization and establishment of a State hospital, I desire to express profound appreciation of the valuable assistance rendered by the members of your Board and by other State officials.

Respectfully submitted.

E. H. HOWARD,
Superintendent.

APPENDIX A.

CHAPTER 335.

AN ACT for the conversion of Monroe county insane asylum into a state hospital, as provided in section fourteen, chapter one hundred and twenty-six, of the laws of eighteen hundred and ninety.

APPROVED by the Governor, May 6, 1891. Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. The institution heretofore established and now known as the Monroe county insane asylum is hereby transferred and intrusted to the care and management of the Rochester state hospital, which is hereby established.

§ 2. Conveyance by deed of said institution may be made in behalf of the county of Monroe to the state of New York by its board of supervisors of said property, including lands, buildings, appurtenances, equipments and furniture therein belonging to the county of Monroe at the sum of fifty thousand dollars. The comptroller is hereby authorized and directed to accept titles on behalf of the state in accordance with the report of the board created by section one, chapter one hundred and twenty-six, of the laws of eighteen hundred and ninety, as transmitted to the legislature by the governor. For the purpose of purchasing said buildings and lands for such Rochester state hospital, as recommended in said report, the sum of fifty thousand dollars is hereby appropriated, and the treasurer of the state shall pay the same, on the warrant of the comptroller, to the treasurer of the county of Monroe, when the attorney-general shall certify and approve the deeds conveying the same to the state.

§ 3. The governor, by and with the advice and consent of the senate, shall appoint nine citizens of the district in which such hospital is

situated, three of whom shall be residents of the county of Monroe, as a board of managers of such hospital, and the governor shall designate, at the time of such appointment, their respective terms of office with reference to the following classification, namely: One of said managers shall serve for one year, one for two years, one for three years, one for four years, one for five years, one for six years, one for seven years, one for eight years and one for nine years, from the time of their appointment, and each shall hold no legislative or other state office during his term as manager, and shall be subject to removal at any time by the governor for cause. Their successors shall be appointed by the governor, with the advice and consent of the senate, and shall hold their office for nine years and be subject to removal in the manner aforesaid, and in case of a vacancy in said board the governor shall appoint, by and with the advice and consent of the senate in manner aforesaid, to fill the unexpired term.

§ 4. The said managers shall have all the rights and powers and be subject to the same duties as are now possessed and imposed upon the managers of the Utica state hospital, and the Rochester state hospital shall be organized and governed by the laws organizing and governing the Utica state hospital, except as may be herein otherwise provided.

§ 5. The managers shall annually report to the state commission in lunacy their operations, and the actual state of the hospital, accompanied by the annual reports of the superintendent and treasurer, all of which shall be incorporated in the annual report of said commission in lunacy to the legislature. They shall appoint a treasurer, who shall reside in the city of Rochester, and give bonds for the faithful performance of his trust, in such sum and with such sureties as the comptroller of the state shall direct and approve; also a medical superintendent, who shall be a citizen of the state and a reputable physician of at least five years actual experience in a hospital for the insane.

§ 6. The superintendent shall appoint a steward and a matron and such number of assistant physicians as the necessities of the hospital shall from time to time require, who shall constantly reside on the premises of said hospital and shall be designated the resident officers thereof; provided, however, the number of assistant physicians, exclusive of a woman physician now provided by law, shall not exceed one to every 150 patients.

§ 7. The managers shall, from time to time, determine the annual salaries and allowances of the treasurer and resident officers, subject to the approval of the state commission in lunacy, provided that such salaries shall not exceed in the aggregate $10,000 for any one year.

§ 8. Immediately after the passage of this act, the trustees of said Monroe county insane asylum shall begin preparations to close up the affairs of the same; and upon expiration of thirty days from and after the appointment of the managers under the third section of this act, the said trustees shall leave the institution to the possession, control and management of said managers.

§ 9. Upon surrendering possession of said property to said managers, the said trustees shall make out and file with the said managers a full and true inventory, in duplicate, of all the property so to be transferred; and the said managers shall receipt for and take possession of such property, delivering to said trustees one copy of said inventory, receipted by the chairman and secretary, and shall transmit to the comptroller of this state the duplicate copy of said inventory so receipted; and thereupon the said trustees shall be relieved from further liability for the care and custody of such property so transferred.

§ 10. The sum of $50,000 is hereby appropriated out of any moneys in the treasury not otherwise appropriated, for the purpose of maintenance, officers' salaries, ordinary repairs, equipment and incidental expenses attending the organization of the hospital; and the treasurer shall pay the same, from time to time, to the order of said managers, on the warrant of the comptroller.

§ 11. Nothing in this act shall be construed to affect the tenure of office of any of the present resident officers of the asylum.

§ 12. All acts or parts of acts inconsistent with or repugnant to the provisions of this act are hereby repealed.

SPECIAL REPORT.

GENERAL OPERATIONS.

State generally the operations of the hospital for the fiscal year ending September 30, 1891, giving the number and kinds of buildings erected or completed during the year, or now in course of erection, the extraordinary repairs to buildings and other important improvements begun or completed during the year; also any new features in methods of management, together with a cursory review of the general results of the year.

During the fiscal year ending September 30, 1891, there have been no buildings erected or completed, and there have been none in the process of erection. Important improvements to two of the wards in the main building were begun, consisting mainly of laying new floors,

putting in new door casings and doors, wainscoting, putting in enlarged and ornamental windows, placing steel ceilings, replastering, painting and decorating. This hospital was established July 1, 1891, and received the buildings, lands, appurtenances and equipment of Monroe County Insane Asylum. Its organization as a State hospital has been the most important result of the year's work.

Care and Treatment.

State briefly your views on the care and treatment of the insane, with special reference to these points:

1. General Character of Medical Treatment.

The general character of the medical treatment should be the same as is needed in the management of a general hospital, supplemented by special knowledge of the nervous system and an understanding of the psychical manifestions of disease. It should individualize each patient and undertake to appreciate each mental manifestation.

2. Medicines, how prescribed, dispensed and how and by whom administered, whether by "single dose" system or otherwise.

Medicines are prescribed by the medical officer in immediate charge of the particular case. They are dispensed by the medical officer, in charge of the dispensary, in single doses, and administered by the attendant in charge of each department with the exception that hypodermics and other special medication are administered by the medical officer or by the preceptress of the training school.

3. What class of medicines, if any, are kept on the wards and in whose custody kept? State if poisonous drugs of any kind are kept on the wards and what precautions are taken in the use of the same.

Medicines, at times kept on the wards, are ointments and lotions while in frequent use. "Platt's Chlorides" for frequent use as disinfectants. Special prescriptions requiring hourly administration. These are locked in special cupboards in the custody of the attendant in charge, who is instructed regarding their nature and uses.

"Platt's Chlorides" is considered poisonous.

4. Extra diet for sick and feeble, stating variety provided, by whom ordered and the method of insuring its reaching those for whom it was ordered.

Extra diet provided for the sick and feeble consists of milk, eggs, broths, fruits, oysters, toast, oatmeal, rice, corn-starch, porridge, tapioca,

jellies and any article of diet specially ordered by a medical officer. It is ordered by a medical officer in writing, or verbally, to the attendant in charge and to the special diet cook. If it fails to reach the patient the attendant in charge notifies the medical officer.

5. Artificial feeding or forced alimentation; state the rule of practice as to (*a*) methods of feeding; (*b*) on whose order and by whom done; (*c*) usual length of time permitted to elapse after a patient refuses to eat before feeding is resorted to; (*d*) how often the feeding process is usually repeated in a given case during the day or twenty-four hours; (*e*) forms in which foods are forcibly administered.

(*a*) The soft rubber tube inserted through the naso-pharynx or the mouth and œsophagus is preferred by us for forced alimentation. Special cases need a firmer tube.

(*b*) Forced alimentation is always performed by a medical officer.

(*c*) The length of time permitted to elapse after a patient refuses food, before artificial feeding is resorted to, varies with the condition of the patient from one meal to five.

(*d*) The feeding process is repeated, according to the nature of the case, from twice each day to every four hours.

(*e*) Liquid, semi-liquid and partly digested foods are used for forced alimentation.

MORAL TREATMENT.

1. State the facilities provided and methods in vogue for the entertainment and diversion of patients, including (*a*) amusement hall; its location, capacity, kind of entertainments for which it is adapted, and whether used for religious worship; (*b*) variety and average frequency of entertainments given therein; (*c*) band of music, and if so, whether composed of patients or employes, or both, or whether hired for the occasion; (*d*) number and kind of musical instruments provided for the use of patients, exclusive of those used by the band; (*e*) from what fund are amusements maintained or provided; (*f*) average number of patients who attend entertainments, and if a record of the number is kept; (*g*) frequency and denomination of religious worship and average number of patients who attend such worship and compensation paid to the clergymen; state approximately the number of patients of the Roman Catholic faith and what provision, if any, is made for their

spiritual requirements, including amount of compensation paid for the same; (*h*) rule as to arrangement for attention to the spiritual needs of the seriously sick and dying; (*i*) green-houses, if any, and estimated cost of same; to what extent approximately are flowers and foliage plants supplied to the wards, and what class of wards are so supplied; (*j*) generally, the extent to which the wards are supplied with pictures, bric-a-brac, and other ornaments, also song birds, if any, and if these things are supplied to any extent to the "disturbed wards;" (*k*) have you a patients' library, and, if so, the number of volumes contained therein, and approximately the number of patients who indulge in reading books. How is the library maintained? (*l*) State approximately the number of newspapers, magazines, etc., that are taken or received for patients' use; (*m*) practice as to taking patients out of doors for exercise; are disturbed patients regularly taken out and how frequently? (*n*) Has your hospital a base-ball club, and, if so, what proportion of it is composed of patients; (*o*) state any other means of amusement or diversion provided for patients?

(*a*) There is no amusement hall, and a large day ward is used for that purpose; it is also used for religious services. Its capacity is insufficient and it is not adapted for the purpose.

(*b*) The entertainments are varied and their average frequency once each week. They are usually furnished by volunteer groups of entertaining people from Rochester and vicinity. Occasionally they are furnished by the officers, employes and patients.

(*c*) There is no band. Several employes and patients play musical instruments.

(*d*) Two pianos are provided for the patients, also two music boxes.

(*e*) Amusements are provided from the maintenance fund.

(*f*) The average number of patients who attend entertainments is 212 from a population of 352 patients.

(*g*) Religious worship is observed every Sunday; the present chaplains are Baptist and Roman Catholic, and the average number of patients who attend worship is 190 from a population of 352 patients. Each clergyman receives an annual salary of $150. There are 200 patients of the Roman Catholic faith.

(*h*) Roman Catholic patients are always attended by their clergymen when seriously sick, and the Protestant chaplain visits the wards frequently, and, in case of death, conducts the burial service.

(*i*) There is no green-house. House-plants are on the wards, excepting on the most disturbed wards.

(*j*) The wards are abundantly supplied with pictures, but there is no bric-a-brac. Song birds are on about one third of the wards. Pictures are supplied to the disturbed wards, but house-plants and song birds are not.

(*k*) The patients' library contains about ninety books, and an abundant supply of papers and periodicals. It is maintained by donations. About forty patients indulge in reading, from a population of 352 patients.

(*l*) There have been about 20,000 newspapers, magazines, etc., received for the patients during the year. A large majority of these were not of recent publication. Nine daily papers and four weekly papers are regularly received, and the Rochester post-office furnishes the hospital with a variety of recent publications.

(*m*) The practice of taking all the patients who are physically able out from the wards every day, for exercise, prevails during moderate weather. Disturbed patients are taken out with the same regularity as quiet patients.

(*n*) There is no base-ball club at this hospital.

(*o*) Carryall rides, daily, when weather permits; dominoes, cards, checkers, and music when coming to meals, are other means of amusement and diversion.

2. Give the number and kinds of industrial occupations in which patients are engaged, and the average number of patients regularly employed in each; also, separately, the estimated value of the products of such occupations.

The industrial occupations in which patients are engaged are as follows, from an average daily population of 352 patients:

Department.	Average number.	Value.
Laundry	26	$1,971 25
Kitchen	26	794 60
Needle work	32	882 00
Halls	100	2,225 00
Dining-room	19	452 00
Farm and grounds	30	720 00
Shops	16	560 00
Boiler-rooms	5	240 00
	254	$7,844 85

3. Do you use mechanical restraint, and, if so, what forms are used and under what circumstances and on whose order is it applied? Is seclusion of patients practiced, and, if so, to what extent and under what circumstances and at whose direction is it resorted to? Is there a record kept of restraint and seclusion? Give separately the number of patients restrained and secluded during the year? Please state your views respecting the utility or necessity of mechanical restraint and seclusion in the treatment of the insane.

During the past year mechanical restraint has been used to prevent self-mutilation, for surgical reasons, and to secure recumbent position to obtain rest. The forms of restraint have been the protection sheet with waist and the muff. It is prescribed by a medical officer in each case. The muff has been used for only two patients.

Seclusion is resorted to by the attendant in charge of a ward in the emergency of an assault and immediate notice is given to the medical officer. Its continuance depends upon the opinion of the medica lofficer.

The record of restraint and seclusion is kept on the physician's daily report and the reports from the wards and in the case-book history of the patient.

Mechanical restraint has been resorted to during the year for twenty-one patients and seclusion for forty-two patients.

My views respecting the utility or necessity of mechanical restraint in the care of the insane are that mechanical restraint should never be used as a disciplinary measure or for the purpose of producing an impression upon the mind of a patient; that, in exceptional cases, the safety of a patient may be enhanced by its use by a medical officer for the purpose of preventing self-mutilation and to secure needful positions in special surgical and medical cases.

In my opinion the safety and comfort of other patients is much enhanced by the seclusion of homicidal patients when an assault is imminent or is being made. Also that a patient should not remain in seclusion any longer than necessary to secure the safety of other patients and never continued after the patient in seclusion is able to exercise self-control.

4. If articles of furniture are fastened to the floor on the wards, state the number and kind of each and the reason why it is regarded as necessary.

Articles of furniture are not fastened to the floor. If the medical officer in charge of a particular patient should consider it necessary to have a bedstead fastened to the floor, it would be done on his order

Such fastening would be removed as soon as it was no longer required for the particular case.

5. If there are any airing courts attached to the hospital, state how many and the location, extent and arrangement of each and the reason why they are regarded as necessary.

One airing court is attached to the hospital and is located on an eastern slope at the rear of the building. Its extent is insufficient, and I am unable to say that it is regarded as necessary.

BATHING.

1. How frequently are patients regularly bathed; what are your rules as to bathing of "filthy" patients, supervision of bathing, renewing the water and regulating its temperature; to what extent is the bathing supervised by a medical officer, and are any patients permitted to bathe without the presence of an attendant; are sheets used for drying patients when bathing, and to what extent are bathing towels allowed; have you a spray bath in operation, and do you regard that method of bathing patients with favor? State your views as to the propriety of allowing patients to bathe unattended.

Directions in regard to bathing patients will be given, in each instance, by the medical officer, upon the reception of the case. Unless otherwise directed, patients will be bathed upon admission, and regularly once a week afterward, and as much oftener as may be necessary. If at any time there is any doubt of the advisability of bathing a patient owing to sickness, feebleness or excitement, the medical officer in charge of the division will at once be consulted.

In preparing the bath the cold water is always to be turned on first, and before the patient enters it the temperature is to be tested by the attendant by immersing the hand freely in the water.

The bath-tub is to be emptied and cleaned after each bath is given. Two patients are never to be bathed in the same water, and under no pretense whatever, is a patient's head to be put under water.

After coming out of the bath, special care must be taken to dry those patients who are feeble and helpless, and clothe them as rapidly as possible. Any marks, bruises, wounds, sores, local pains, or evidence of disease of any kind complained of by the patient, or noticed by the attendant during the process of bathing are to be reported immediately to a medical officer.

In special cases a daily bath or a sponge bath may be prescribed by the medical officer.

In the event of a patient having soiled the clothing, the clothing is immediately changed and the body cleaned; in such instances the extent of the bath depends upon the area soiled.

There are certain days set apart on each ward for the regular weekly bathing, and on these days the bath-rooms are visited frequently by the medical officer. On the female wards, official visits to the bath-rooms, while the patients are bathing, are only made by the lady physician and by the matron and by the lady members of the board of managers.

Sheets are not used for drying purposes. Each patient is supplied with clean towels and wash cloths. Bath brushes are used with the spray bath.

The spray bath is in use in the male department. It is my opinion that it is the best method for bathing a large proportion of patients.

A few trusty patients have been allowed to bathe unattended. It is my opinion that there are exceptional patients who could, with safety, be allowed to bathe unattended, but that such cases need to be selected with special care by a medical officer, after a full knowledge, for a considerable time, of the patient's conduct, during bath.

Clothing and Bedding.

1. What is the general character of clothing supplied to public patients? How much does it vary with the seasons, and how often is patients' underclothing regularly changed?

The clothing of male public patients consists of coat, vest, trousers, shirt, socks, shoes and hat during summer.

In winter suits of underclothing are supplied each patients and the outer clothing is of thicker material. When out of doors overcoats, mittens and warm caps are worn in winter weather. The underclothing is regularly changed each week and whenever soiled.

In summer a chemise, drawers, shirt, dress, shoes and stockings are provided for all the women.

The old and feeble women have an extra cotton-flannel underwaist and underskirt. In cold weather, the women all have an extra waist and underskirt and many wear an extra-woven undervest and drawers. The patients are all provided with white ties and aprons and the old women with caps. All have a "best dress" to wear to entertainments and on Sundays. When out driving or walking hats are provided in summer and in cold weather, hoods, shawls and mittens. Lap-robes are provided for use when driving. The clothing is regularly changed once a week and whenever it becomes soiled, in some cases several times daily.

2. What is the general character of patients' bedding and how frequently are the sheets and pillow-cases regularly changed?

The patients' bedding consists of mattress covered by blanket, pillow with case, two sheets and two double blankets in winter weather. One blanket is found to be sufficient in summer. Each bed has a white spread, but it is removed and folded at night. The sheets and pillow cases are regularly changed once each week and as much oftener as any soil from use can be noticed.

3. Is the bedding changed during the night in case of soiling?

Soiled bedding is changed in each instance, during the night.

NIGHT SERVICE.

State in full your arrangements for night service as to attendants, nurses and watchmen, and the duties prescribed for each class. Are filthy patients regularly taken up during the night; to what extent are the wards under medical supervision at night?

The arrangements for night service consist of ten night attendants, four male and six female. Their duties are prescribed as follows:

Enter with ink in the report for each night.

The condition of every recent patient.

Every uncomfortable condition of each patient.

All accidents, bruises, wounds or acts of violence.

All attempts to escape or commit suicide.

All destructiveness and needed repairs.

All special occurrences.

The temperature of the ward each hour.

The exact time each record is made at the clock station.

The visits of officers and friends of patients.

Give particular attention to the ventilation and warmth of the sleeping-rooms.

Call a medical officer whenever a patient is sick and whenever you are in doubt as to what to do in any emergency.

Call day attendants, whenever they are needed to give assistance.

Call day attendants at the proper time in the morning.

Perform all duties quietly, and remedy all squeaking doors, rattling windows or other appurtenances that make a noise.

Teach the patients to obey the calls of nature at regular hours.

Do not allow filth or soiled clothing to remain in the building.

Remedy all foul smells promptly.

See that each patient is properly clothed.

Watch closely that no water pipes become frozen.

See that water does not run to waste.

Prevent the plants being frozen.

Never sleep while on duty.

Attend to all lights.

See that the bath-tubs and fire-pails are filled with water.

Learn to use all fire apparatus and keep the doors to fire-closets open during the night.

Return your report to the supervisor in the morning.

Filthy patients are regularly taken up during the night.

The wards are visited at night by medical officers irregularly and upon call of night attendants.

Dining-room Service.

Have you ward or associate dining-rooms; are the dining-rooms in charge of special attendants (if women are in charge of men's dining-rooms, state the fact)? Do the attendants dine with the patients or separately, and, if the latter, before or after the patients' meals are served? To what extent is the dining-room service supervised by a medical officer?

There are ward dining-rooms for one hospital ward in the male department, also for one hospital ward and one disturbed ward in the female department. There are two large associate dining-rooms which provide for the remainder of the patients. These associate dining-rooms are in charge of special attendants. The patients' dining-rooms are frequently but not regularly visited by a medical officer. The attendants dine in their own dining-room, half going to the first table and half to the second, the wards being thereby provided for. Attendants' breakfast comes before the patients' breakfast, their dinner and supper after the patients' meals. This plan of having the attendants dine entirely separate from the patients is in my opinion very desirable. During the patients' meals the attendants assist at waiting upon the table.

Visitation of Patients.

Have you special days or hours when visiting is allowed? If so, state them, and whether the patients' friends are allowed to visit them on the wards or elsewhere. Are general visitors permitted to visit the wards promiscuously?

This hospital will be open to general visitors only on Tuesday and Friday from 2 to 5 o'clock P. M.; to relatives during the same hours each day and on Sunday afternoon to 5 o'clock.

Persons wishing to see patients, or learn their condition, will inquire for the superintendent or for one of the assistant physicians, and no information concerning patients will be given except to relatives or family friends, and to public officers; and such information will be given only by the medical officers.

The person or persons directed to accompany visitors through the wards, will not be permitted to point out or mention the names or peculiarities or conduct of patients.

The patients' friends are allowed to visit them on the wards where they regularly belong, and thereby become acquainted with the attendants who have the care of their relative. When a friend or relative of a patient calls, the person answering the door, ushers the visitor without any delay or hesitancy directly to the ward where the patient belongs. The attendants on the ward do not expect to receive any word that a visitor is coming, and the visitor has the positive assurance that they can see exactly how the patient is cared for from day to day. In the case of special sickness, where visits from friends might not be best for the patient, the medical officer leaves word with the usher that he would like to see such callers personally.

If relatives of patients happen to call out of the regular hours of visiting, arrangements are made for them to see their relatives if possible. The visits of relatives and personal friends of patients are considered by me to be of very great importance, both in making the patient feel at home here, and in assuring the family that an honest endeavor is being made to care for the patient.

CORRESPONDENCE.

What is your practice as to delivering patients' letters unopened? State your objections, if any, to this practice.

Patients' letters are promptly delivered to them unopened. I do not know from personal experience of any objections to this practice. Letters written by patients to responsible relatives, are mailed without examination by the hospital authorities. It is my custom to explain this to the relatives, in order that if they receive an unusual letter, they may communicate with me regarding it.

RECOVERIES AND DEATHS.

Give percentage of recoveries on number admitted.

The percentage of recoveries on number admitted is nineteen.

Give percentage of recoveries on daily average population.

The percentage of recoveries on daily average population, 5.1.

Give percentage of recoveries on whole number treated.

The percentage of recoveries on whole number treated is four.

Give percentage of recoveries on number discharged. Of those discharged recovered the previous year, how many were readmitted prior to October 1, 1891.

The percentage of recoveries on number discharged, 25.7. Of those discharged recovered the previous year, none were readmitted prior to October 1, 1891.

Give percentage of deaths on number admitted.

The percentage of deaths on number admitted, 24.2.

Give percentage of deaths on average daily population.

The percentage of deaths on average daily population, 6.5.

Give percentage of deaths on whole number treated.

The percentage of deaths on whole number treated, 5.2.

Give percentage of deaths on number discharged.

The percentage of deaths on number discharged, 32.8.

Give number of inebriates — that is, alcoholic, opium and other "narcotic habitués" — discharged during the year and whether these are classed as "recovered" or "not insane" in your report of discharges.

Four of the patients discharged during the year were inebriates prior to their committal. They were classed as "recovered" in our report of discharges. One was under treatment seven months, and the other three less than a month each.

Resident Officers.

Give the name, rank and date of employment, compensation and previous experience, if any, of each resident officer; also salary of treasurer.

Eugene H. Howard, M. D., medical superintendent, appointed July 1, 1891. Salary, $4,000. Previous experience, six years superintendent of Monroe County Insane Asylum, five years in general practice, two years in a general hospital.

Ezra B. Potter, M. D., first assistant physician, appointed July 1, 1891. Salary, $2,000. Previous experience, eight years as first assistant physician in Monroe County Insane Asylum, ten years in general practice.

Robert M. Elliot, M. D., second assistant physician, appointed July 1, 1891. Salary, $1,200. Previous experience, one year in Monroe County Insane Asylum, three months in a general hospital.

Evaline P. Ballintine, woman physician. Salary, $1,200. Appointed July 1, 1891. Previous experience, fourteen years in general practice.

Willis S. Remington, steward, appointed July 1, 1891. Salary, $1,200. Previous experience, four years in wholesale grocery, six years farmer and two years bookkeeper.

Mary E. May, matron, appointed July 1, 1891. Salary, $600. Previous experience, eighteen months matron of Monroe County Insane Asylum, two years in a training school for nurses.

Frederick P. Allen, treasurer. Salary, $600.

SUBORDINATE EMPLOYES.

1. Give the number of employes, other than resident officers, the capacity in which employed, compensation, and the number receiving the same compensation in each occupation, specifying whether men or women.

1. Whole number of employes other than resident officers and chaplains was sixty-eight.

The capacity in which employed is:

	Male.	Female.	Per month.
Farmer	1	....	$35
Firemen	2	....	30
Baker	1	....	30
Tailor	1	....	30
Woman clerk	....	1	20
Supervisor	1	....	35
Supervisor	....	1	25
Carpenter	1	....	30
Painter	1	....	30
Storekeeper	1	....	25
Teamster	1	....	25
Cooks	....	2	20
Laundress	....	1	20
Assistant laundress	....	1	12
Housemaids	....	2	16 & 12
Attendants	3	....	30
Attendant	1	....	28
Attendants	5	....	25
Attendants	4	....	23
Attendants	7	....	22
Attendants	....	12	20
Attendants	....	5	15
Attendants	....	12	16

There are two chaplains employed, who each receive $150 annually.

2. Give the ratio of employes of all kinds to patients.

One to 5.4.

3. Give the annual per capita cost per patient of all employes.

Forty dollars and forty-six cents.

4. Give the ratio of attendants exclusively occupied on the wards to patients.

Deduct from fifty-one attendants ten who are not exclusively occupied on the wards, and the ratio to patients is one to 8.5.

5. Give separately the ratio of wages paid men and women on entering the service.

Men attendants are paid twenty-two dollars per month on entering the service, while women attendants are paid sixteen dollars per month on entering the service.

6. Give separately the maximum rate of wages paid men and women attendants.

The maximum wages paid men attendants is thirty dollars a month, while the maximum wages paid women attendants is twenty-two dollars a month.

7. State the rule, if any, governing the promotion in rank and pay of attendants.

Attendants are promoted in rank and pay, first, at the close of three months' service, one dollar each; second, at the close of the following nine months' service upon passing the first year's examination in the training school, men, three dollars a month and women two dollars a month; third, upon graduation from the training school, or (not having graduated) being placed in charge of wards, two dollars each; fourth, being in charge of wards and having graduated from the training school, two dollars each.

8. Is there any definite term or period at the end of which faithful and efficient attendants are entitled to promotion in either rank or pay, or both?

For long and faithful service an increase in the pay per month may be provided in special cases. The definite terms, at the end of which faithful and efficient attendants are entitled to promotion in pay and rank, are stated in the preceding paragraph.

GENERAL.

Give the yearly per capita cost and average purchase price the staple articles of supply contained in the following table shown by the steward's books.

In the financial statements, note the totals are only given for quarter ending September 30, 1891, the hospital only having l maintained under the present system from July 1, 1891. The capita cost and the average purchase price would vary considerabl it were possible to compute them for the whole year.

ARTICLES.	Consumed during year.	Average purchase price.	Quarterly per capita cost.	Total c
Fruits, apples, bushels...	89	$0 3101	.....	.....
Fruits, berries, quarts ...	1,160	09	.....	.....
Fruits, grapes, pounds...	16	08	.....	.....
Fruits, lemons, boxes ...	1 1/6	6 42	.....	.....
Fruits, melons.....	123	214	.....	.....
Fruits, oranges, dozens..	8 1/3	36	.....	.....
Fruits, peaches, baskets..	67	505	.....	.....
Fruits, cherries, bushels..	6	1 25	.....	.....
Fruits, fresh.....	.....	.....	$0 584	$211
Fruits, canned, quarts ...	89	208	0512	18
Fruits, dried pounds	184	105	0531	19
Vegetables, fresh, bushels	816 8/100	549	.....	.....
Vegetables, squash.....	200	05	.....	.....
Vegetables, cabbage	300	05	1 336	483
Vegetables, canned,quarts	30	1033	008	3
Vegetables, dried, pounds	445	034	041	15
Meats, fresh, pounds	19,105	0707	3 732	1,351
Meats, salt, pounds.....	2,215	0779	376	172
Meats, smoked, pounds ..	131	104	038	13
Poultry, pounds	412 3/4	1614	18403	66
Fish, fresh, pounds.....	3,030	10	84	303
Fish, salt, pounds.....	814	0847	180	68
Flour, wheat, barrels....	166 1/2	5 59	2 574	931
Flour, graham, pounds ..	50	025	003	1
Corn meal, barrels	6 1/3	4 244	0739	26
Oat meal, barrels	5 1/4	6 16	089	32
Rice, pounds.....	818	0671	1522	55
Crackers, pounds	329	0828	0752	27
Butter, pounds	3,371	2175	2 035	733
Cheese, pounds	292	0959	07739	28
Milk, quarts.....	18,796	0394	2 038	735
Eggs, dozen.....	900 5/6	1824	45384	164
Tea, pounds.....	811	22005	49227	178
Coffee, pounds.....	1,551	2153	922	333

General — (*Continued*).

ARTICLES.	Consumed during year.	Average purchase price.	Quarterly per capita cost.	Total cost.
Sugar, pounds.....	9,482	$0 0450	$1 1762	$425 87
Molasses, gallons	104	3934	113019	40 92
Vinegar, gallons.....	316	1926	16848	61 00
Salt, barrels.....	7¾	1 25	02674	9 69
Pepper, pounds.....	78	1803	0388	14 07
Spices, pounds.....	166	196	09004	32 60
Liquors, malt, dozen	¼	3 00	00002	75
Liquors, distilled, gallons.	5½	3 418	051925	18 80
Total	.....	.....	$18 199	$6,579 24

Fuel and Lighting.

1. Give the total and per capita cost of fuel, exclusive of wages, the average purchase price per ton of hard and soft coal, also the number of tons of each consumed.

The total cost of fuel for the quarter, exclusive of wages was $1,015.28. The per capita cost for the quarter was $2.8417. The average purchase price per ton of hard coal was $3,5987. The number of tons of hard coal for the quarter was 282.125. No soft coal was used.

2. Give the total and per capita cost of lighting the hospital, exclusive of wages.

The total cost of lighting for the quarter, exclusive of wages, was $314.65. The per capita cost for the quarter was $0.869.

3. Give the yearly and per capita cost of clothing.

The total cost of clothing for the quarter was $1,731.08. The per capita cost for the quarter was $4.776.

4. Give the yearly and per capita cost of bedding.

The total cost of bedding for the quarter was $2,225.73. The per capita cost for the quarter was $6.146.

5. Give the yearly and per capita cost of furniture

The total cost of furniture for the quarter was $3,590.80. The per capita cost for the quarter was $9.919.

GENERAL.

Give the yearly per capita cost and average purchase price o
ıe staple articles of supply contained in the following table, a
nown by the steward's books.

In the financial statements, note the totals are only given for th
quarter ending September 30, 1891, the hospital only having bee
maintained under the present system from July 1, 1891. The pe
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Fruits, melons.....	123	214	.....	.....
Fruits, oranges, dozens..	8⅓	36	.....	.....
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Fish, salt, pounds.....	814	0847	180	
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Oat meal, barrels	5¼	6 16	089	
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Liquors, distilled, gallons	5½	3 418	051925	18 80
Total	.....	.....	$18 199	$6,579 24

FUEL AND LIGHTING.

1. Give the total and per capita cost of fuel, exclusive of wages, the average purchase price per ton of hard and soft coal, also the number of tons of each consumed.

The total cost of fuel for the quarter, exclusive of wages was $1,015.28. The per capita cost for the quarter was $2.8417. The average purchase price per ton of hard coal was $3,5987. The number of tons of hard coal for the quarter was 282.325. No soft coal was used.

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3. Give the yearly and per capita cost of clothing.

The total cost of clothing for the quarter was $1,731.08. The per capita cost for the quarter was [illegible].

4. Give the yearly and per capita cost of bedding.

The total cost of bedding for the quarter was $2,225.73. The per capita cost for the quarter was [illegible].

5. Give the total cost of furniture

The total cost of furniture for the quarter was $3,590.80. The per capita cost for the quarter was [illegible].

6. Give the yearly per capita and total cost of salaries of resident officers (including salary of treasurer).

The total cost of salaries of resident officers (including treasurer) for the quarter was $2,699.97. The per capita cost for the quarter was $7.457.

7. Give the yearly per capita and total cost of wages of all kinds other than officers' salaries.

The total cost of wages of all kinds, other than officers' salaries, for the quarter was $3,801.12. The per capita cost for the quarter was $10.5063.

8. Give the yearly per capita and total cost of attendants proper, including ward supervisors.

The total cost of attendants proper including ward supervisors, for the quarter was $2,207.98. The per capita cost for the quarter was $60.99.

9. Give the yearly per capita and total cost of medicines and medical stores and appliances.

The total cost of medicines, medical stores and appliances for the quarter was $205,75. The per capita cost for the quarter was $0.568.

10. Give the yearly per capita and total cost of managers' or trustees' expenses of all kinds.

There were no managers' expenses for the quarter.

11. Give the yearly per capita and total cost of miscellaneous and all other items of expense for maintenance not included in the preceding ten items.

The total cost of miscellaneous and all other items of expense for maintenance not included in the preceding ten items, for the quarter, was $14,018.31. The per capita cost for the quarter was $38.75.

12. Give the yearly per capita and total cost of maintenance inclusive of officers' salaries, ordinary repairs, and every other item of expense which may properly be charged to maintenance account.

The total cost of maintenance, inclusive of officers' salaries, ordinary repairs and every other item of expense, for the quarter, was $31,810.67. The per capita cost for the quarter was $87.887.

13. Give the total cost of extraordinary repairs, renewals additional lands and buildings, or improvements of a special character.

There were no extraordinary repairs or renewals, additional lands or buildings, or improvements of a special character not charged to maintenance account for the quarter.

Remarks.

In item 4 is included the cost of hair mattresses for the entire hospital; in item 5 is included necessary furniture not on hand at the date of transfer; in items 11 and 13 are included all the expenses for repairs in accordance with the requirements of the appropriation.

Appropriation Required.

Give an itemized schedule of the appropriations required for 1892, stating briefly the necessity for each item in the schedule.

The following is an itemized schedule of the appropriations required for 1892, followed by a brief statement of the necessity for each item in the schedule.

1. For an administrative building	$30,000 00
2. For accommodations for 200 patients	110,000 00
3. For boiler-house and placing of boilers	9,700 00
4. For three fire-escapes	2,480 00
5. For the erection of two four-story additions, for outside closets, lavatories, bath-rooms and clothes-rooms,	17,500 00
6. To supply estimated deficiency in maintenance fund	10,000 00
Total	$179,680 00

1. The business methods necessary to conduct the affairs of the hospital and the keeping of the records require an administrative building. The rooms now used for that purpose are needed for patients.

2. There are now seventy more patients than the capacity of the present buildings. Their defective classification and the imperfect separation of the sexes, in connection with many other well-known defects, make necessary this appropriation for an additional building.

3. The unhealthy, dangerous and expensive location of the present heating boilers necessitates this item.

4. There is an entire absence of fire-escapes that can be used as a means of egress by the patients.

5. The advanced decay of the present water-closets and lavatories, being such as to be considered the cause of serious sickness, necessitates this item in the schedule.

6. The restricted number of patients which can be received at this hospital, and the fact that we have only twenty-five acres of garden land, are the causes for the necessity of this item. During the past two years the county of Monroe has annually appropriated this same amount for the insane in this institution, in addition to the regular assessments, which amounted to more than the present bills of this hospital against counties. I mention this in order to show that the conditions requiring this item are known by experience.

STATE ASYLUM FOR INSANE CRIMINALS.

This hospital was opened for the reception of patients in 1859. It is situated in the city of Auburn, and is accessible by street car. It has a total of eight acres of land. The estimated value of its real estate inclusive of buildings on the first of October, 1891, was $217,400, or for each patient according to the reported capacity of the institution a per capita of $129.40. The value of its personal property was $18,000. The number of acres of land under cultivation at that time was six. The capacity of the institution is given at 168, and the daily average number under treatment for the year ending September 30, 1891, was $240\frac{35}{100}$.

Some misconception has arisen regarding the abandonment of this asylum for the purposes for which it was used, some asserting that its sanitary conditions are imperfect; that it was in too bad a state of repair; and, in fact, unfit for the uses for which it has been established. This is in all respects an error. The building is in a fine state of repair; its sanitary conditions are almost perfect; its grounds are among the most beautiful in the State and it is admirably adapted to the uses to which it has been suggested that it be placed. Among other reasons for the abandonment of the institution was the fact that it was too small to accommodate the demands made upon it. It was also illy constructed for the proper care of such inmates — many of them being of a most dangerous character. Moreover, it was situated at a great distance from that portion of the State from which its inmates are largely drawn.

In the ordinary sense of the term this is not a State hospital, but is a hospital connected with the State prison system, and under the management of the superintendent of prisons, with facilities for the care and treatment of such convicts as become insane during their term of imprisonment and of persons held upon criminal orders either before or after trial; and therefore it is not placed in chronological order with the other State hospitals for the insane.

The State Asylum for Insane Criminals now existing at Auburn will shortly be abandoned and given over to other purposes, as the new State Asylum for Insane Criminals at Matteawan is practically completed, that is, so far as it is intended to complete it at this time, it now having accommodations for 550 inmates. This new institution is located at Matteawan, adjacent to Fishkill-on-Hudson, and is much nearer to the centres of population from which its inmates are mostly drawn than the old asylum at Auburn. It is believed that its capacity properly employed will meet the demands which may be made upon it for many years to come.

Inasmuch as some degree of misconception has obtained throughout the State in regard to the hospital at Matteawan, some thinking that it was only a State hospital for the care of the ordinary insane, it may be stated in connection with the subject of per capita cost of construction, that the inmates of this institution are largely composed of persons drawn from the various penal institutions of the State who become insane during their term of imprisonment, and that in a considerable proportion of these their insanity is the direct offspring of vicious habits and indulgences, together with brooding over their imprisonment, and frequently their insanity is characterized by homicidal tendencies and by a longing to escape, which renders them most difficult persons to keep in confinement. Therefore, in building an institution of this character, it is necessary that, while it should embody many of the essential features of a hospital for insane, it should also, in many respects, possess the structural requirements of the prison to insure the safe custody of its inmates. It is believed that in the construction of the new hospital for insane criminals, the architect, Mr. I. G. Perry, has

succeeded in combining the best features of modern hospital construction for this special class in point of utility, durability, security, compactness and convenience of interior arrangements with a harmonious and dignified exterior.

It is confidently expected that the Matteawan hospital will be open for the reception of patients and that the present occupants of the asylum at Auburn will be transferred thereto during the present session of the Legislature.

Dr. Henry E. Allison is the present medical superintendent.

GENERAL OPERATIONS.

State generally the operations of the hospital for the fiscal year ending September 30, 1891, giving the number and kind of buildings erected or completed during the year, or now in course of erection, the extraordinary repairs to buildings and other important improvements begun or completed during the year; also any new features in methods of management, together with a cursory review of the general results of the year.

The new buildings at Matteawan are practically completed and furnished, and, while still in the hands of the commission on the new asylum, are ready for occupancy. Preparations were made in the fall to transfer the present population at Auburn, but owing to the exceptional drought and consequent lack of sufficient water supply, the removal was postponed. Although crowded at Auburn, it has been thought best by the Superintendent of Prisons not to attempt the change during the inclement winter weather. The shortness of the days would also render the removal more difficult, inasmuch as either at one end or the other of the route the change would have to be effected during the hours of darkness.

The asylum population during the year changed as follows:

Movement of patients.

	Men.	Women.	Total.
Number of patients October 1, 1890	218	18	236
Admitted during the year	67	2	69
Whole number treated	285	20	305
Discharged during the year	63	3	66
Remaining September 30, 1891	232	17	239

Average daily population, 240.35.

Care and Treatment.

State briefly your views on the care and treatment of the insane, with special reference to these points:

1. General Character of Medical Treatment.

Upon admission every case is given a thorough examination and the patient's general condition noted. It is an established rule that every patient upon admission should at once be bathed and furnished with a clean suit of clothing and underclothing throughout. In the majority of cases a mild laxative or cathartic is indicated and prescribed. The patient is then placed under observation and special medical records made upon his condition. The patient's habits of eating and sleeping and his conduct during the night and day are carefully noted and treatment varied accordingly. When necessary, extra diet is prescribed. During the past year several patients have been admitted in a very feeble condition, so that they were at once placed in bed. Aside from special physical disease the medical treatment may be said to be an administration of laxatives and the general use of tonics, sedatives occasionally and nourishing diet.

2. Medicines, how prescribed, dispensed and how and by whom administered, whether by "single dose" system or otherwise.

Medicines are prescribed by a physician, usually upon his morning round, and also to a lesser degree upon the occasion of the afternoon visit, the morning visit being the chief visit of the day. Prescriptions are always written in a book kept for that purpose in the dispensary, and are thence transcribed in a prescription record which shows the medication of each individual case. The medicines are administered by a physician who goes about the wards, accompanied by a supervisor, three times daily for that purpose, the only exception to the rule being those patients who are working out and for whom some simple remedy as a single dose may have been prescribed, and also such patients as occasionally require a dose of medicine at night by order of the attending physician. All medicines are prescribed by "single dose" system and administered as above described.

3. What class of medicines, if any, are kept on the wards and in whose custody kept? State if poisonous drugs of any kind are kept on the wards and what precautions are taken in the use of the same.

No medicines are kept upon the wards unless in the exceptional cases above mentioned. Whenever it is necessary to do so, they are

locked up in a cupboard provided for that purpose in the attendant's room. No poisonous drugs are allowed upon the wards, and on occasions arising for their use the precaution is always taken to have the bottle at once returned to the dispensary.

4. Extra diet for sick and feeble, stating variety provided, by whom ordered, and the method of insuring its reaching those for whom it was ordered.

The extra diet for sick and feeble consists largely of milk, eggs, various preparations of beef, such as beef tea, beef meal and soups, toast, oysters, rice, etc., the staples being milk, eggs and preparations of beef. The extra diet is always ordered by the attending physician and it is the duty of the supervisor to see that it is properly delivered when specially ordered. This he does by giving the order to the cook with the names of the patients; also to the dining-room man, who sends it upon the wards. The attendant upon the ward is also notified. This applies only to occasional orders. The regular diet list is revised weekly, and a summary of the articles contained therein is given to the cook. The names of the patients receiving such extra diet are also prepared in a list which is furnished the attendant in charge of the dining-room, who sees that the diet is properly distributed. These lists are prepared by the attendant physicians and signed by the medical superintendent, a fresh list being prepared weekly.

5. Artificial feeding or forced alimentation; state the rule of practice as to (*a*) methods of feeding; (*b*) on whose order and by whom done; (*c*) usual length of time permitted to elapse after a patient refuses to eat before feeding is resorted to; (*d*) how often the feeding process is usually repeated in a given case during the day or twenty-four hours; (*e*) forms in which foods are forcibly administered.

(*a*) The only method in use here is that of the soft nasal tube. During the past two years it has been necessary to feed but one patient for any length of time. Forced alimentation in her case extended over a year, until she resumed eating of her own accord. In a few other cases food has been administered by the occasional use of the tube. The method in use is to insert the tube previously covered with vaseline, and after its insertion to pour into the funnel affixed at one end whatever preparation of food it is deemed best to give.

(*b*) Forced feeding is resorted to only by order of the attendant physician and the food is administered by him.

(*c*) The usual length of time permitted to elapse varies. As a rule I do not permit a patient to go more than three or four days, unless some good reason exists for so doing. It is known, however, that the patient refuses food merely through willful perversion, feeding would be resorted to in shorter time.

(*d*) Patients are fed but twice a day. Owing to the unnatural manner of giving the food and the danger often attendant upon this method of feeding, I consider that twice a day is sufficiently often. More frequent feeding has, in my hands, resulted in indigestion. It has therefore been our practice to give large amounts twice daily, a dozen eggs and a quart of milk being usually digested.

(*e*) The forms of food administered are as follows: Eggs, milk, syrup, salt, peptonized beef, extract of beef, beef cocoa, beef meal, and occasionally sherry wine and whisky, with such medicines as are necessary.

Moral Treatment.

1. State the facilities provided and methods in vogue for the entertainment and diversion of patients, including (*a*) amusement hall, its location, capacity, kind of entertainments for which it is adapted, and whether used for religious worship; (*b*) variety and average frequency of entertainments given therein; (*c*) band of music, and if so, whether composed of patients or employes, or both, or whether hired for the occasion; (*d*) number and kind of musical instruments provided for the use of patients, exclusive of those used by the band; (*e*) from what fund are amusements maintained or provided; (*f*) average number of patients who attend entertainments; and if a record of the number is kept; (*g*) frequency and denomination of religious worship, and average number of patients who attend such worship and compensation paid to clergymen; state approximately the number of patients of Roman Catholic faith and what provision, if any, is made for their spiritual requirements, including amount of compensation paid for the same; (*h*) rule as to arrangement for attention to the spiritual needs of the seriously sick and dying; (*i*) greenhouses, if any, and the estimated cost of same, to what extent approximately are flowers and foliage plants supplied to the wards, and what class of wards are so supplied; (*j*) generally, the extent to which the wards are supplied with pictures, bric-a-brac and other ornaments, also, song birds, if any, and if these

things are supplied to any extent to the "disturbed wards;" (*k*) have you a patients' library, and, if so, the number of volumes contained therein, and, approximately, the number of patients who indulge in reading books; how is the library maintained? (*l*) State approximately the number of newspapers, magazines, etc., that are taken or received for patients' use; (*m*) practice as to taking patients out of doors for exercise; are disturbed patients regularly taken out, and how frequently? (*n*) Has your hospital a base-ball club, and, if so, what proportion of it is composed of patients? (*o*) State any other means of amusement or diversion provided for patients.

(*a*) The amusement hall is located in the centre building over the dining-room, and is accessible from both wings without the patients being required to go out of doors. Its seating capacity is about 150. It is provided with a stage, curtain, foot-lights and dressing-rooms attached, and is adapted for ordinary theatrical amusements, concerts, stereopticons and religious worship, both Catholic and Protestant.

(*b*) Entertainments are given during ten months in the year with an average frequency of once a week. Entertainments usually consist of farces, concerts, stereopticon exhibitions, occasionally a lecture and variety exhibitions, both vocal, instrumental and theatrical.

(*c*) There is no band of music attached to the asylum.

(*d*) We have provided for the use and entertainment of the patients one small organ upon the wards and one large organ in the chapel, also a piano and one or two violins for the men.

(*e*) We have no fund to provide amusement for the patients. We employ an organist who attends the weekly religious services in the chapel, and is also expected to furnish amusements during the year. The people of Auburn have always been generously inclined to give gratuitous service in this direction.

(*f*) The average number of patients who attend the entertainments is 110, and the record of such attendance is kept upon the monthly sheet in each ward.

(*g*) The Protestant form of religious worship (Methodist at present) is observed during ten months of the year by weekly service in the chapel. The average number of patients attending such worship is ninety-five, and the clergyman who officiates is also the prison chaplain. He is paid a salary by the prison department, and, in addition to his work at Auburn prison, is expected to attend to services at the asylum and to the religious needs of such patients as desire him.

The approximate number of patients of the Roman Catholic faith is 124. They are under the spiritual care of Rev. Father Seymour, of the Holy Family church, in whose parish the asylum is situated. This duty is vicariously performed by priests attached to the church, who hold religious services about once in four or six weeks, and, in addition attend to all the wants of the sick and dying of the Catholic faith. Whatever compensation they may receive for these services is paid to them by the prison department proper.

(*h*) It is an established rule that whenever a patient is sick, should he be a Protestant and request the services of a minister of the Gospel, the chaplain shall be notified, or some other clergyman in town, should the patient express a preference. Whenever a patient of the Catholic faith is seriously sick, a priest is notified invariably, whether the patient requests it or not, inasmuch as it is often a satisfaction to relatives and friends, as a part of their faith, to learn that the dying had received the last rites of the church and absolution.

(*i*) We have one small propagating-house ($125), one large green-house ($600) attached to the asylum, of sufficient size to furnish flowers and foliage plants to the wards, dining-rooms, chapel and elsewhere, both summer and winter. Every ward in the house is constantly supplied with plants, and also the dining-room, and, in addition, the chapel is furnished with cut flowers weekly and whenever there is an entertainment. Upon such days as Easter, Thanksgiving and Christmas, a more elaborate display is made in the chapel and dining-rooms. The windows are supplied with potted plants and hanging baskets, which are entirely unguarded except upon the two most disturbed wards, where a low wire netting about four feet high separate the plants from the main hall.

(*j*) The wards are abundantly supplied with pictures and other adornments, but very little bric-a-brac is used. Upon two halls there are plaster busts, and upon the woman's wards are lambrequins, hanging curtains and various adornments about the rooms and beds of the women patients. Nearly every hall and the dining-room is supplied with song birds, of which we have a large number. Three of the wards only are without them. The disturbed wards are largely supplied with pictures, plants and mottoes, and upon one of them is an aquarium containing gold fish with a fountain of running water.

(*k*) We have a patients' library, which contains about 550 volumes. The number of patients availing themselves of its use is probably twelve and a half per cent. We have no fund for obtaining a library, but it has been added to largely by private dona-

tions. During the past few years about 150 volumes have been added to the library, which has served to replace books destroyed and also to add considerably to the total number. The magazines, however, which are received at the asylum, at the end of the year are bound, and also many works of fiction are received in suitable condition to be placed upon the shelves.

(*l*) We receive approximately about 175 weekly newspapers for the patients' use, and also eighteen dailies, nearly all of which are contributed gratuitously by the publishers. The asylum also subscribes for Harper's Weekly, Harper's Magazine, Harper's Bazaar, Frank Leslie's Fliegende Blatter, and also the Daily Tribune and Argus, which are, together with the two local papers, placed upon the wards and furnish sufficient reading matter.

(*m*) Patients are regularly taken out of doors for exercise whenever the weather is such as to permit of so doing. One of the airing courts is provided with a broad wooden walk around its entire circumference which is kept free from snow and allows an opportunity for daily exercise during the year, excepting when the weather is too inclement. Disturbed patients are taken out equally as frequently as the more quiet patients, unless an occasional patient is kept in by order of a physician, which does not frequently occur.

(*n*) We have no base ball club.

(*o*) We have provided for patients cards, checkers, chess and other games, and for the past two years the patients have themselves engaged in getting up theatrical entertainments and have given from two to three performances annually. It has also been the custom occasionally to reward some of the more faithful and trustworthy patients by taking them to theatrical entertainments about town, to the circus and to the county fairs.

2. Give the number and kinds of industrial occupations in which patients are engaged, and the average number of patients, regularly employed in each; also, separately, the estimated value of the products of such occupations.

The various kinds of industrial occupations in which patients are engaged are as follows:

Occupations.	Average number employed in each.
Carpenter work	3
Shoemaking	1
Sewing	14
Laundry	8

Occupations.	Average number employed in each.
With engineer and in boiler-house	3
Gardening	8
Masons	2
Kitchen work	7
Grounds	5
Bakery	4
Wood-house	1
Housework	40
Dining-room	12
Barn man	1
Storeroom	1
Total	120

We do not consider the raw material as a product, but only the labor, and, estimating labor at thirty cents a day, the value would amount to $10,800 annually. Some of these patients only work a few hours, as in housework and dining-room work, so that thirty cents is a large enough estimate. At twenty-five cents the value would be $9,000 annually.

3. Do you use mechanical restraint, and, if so, what forms are used, and under what circumstances and on whose order is it applied? Is seclusion of patients practiced, and, if so, to what extent and under what circumstances and at whose discretion is it resorted to? Is there a record kept of restraint and seclusion? Give separately the number of patients restrained and secluded during the year. Please state your views respecting the utility or necessity of mechanical restraint and seclusion in the treatment of the insane.

No mechanical restraint has been used in this asylum for many years past. Seclusion is practiced, not for maniacal excitement, but for reasons peculiar to our population, and which are as follows:

Whenever a patient is admitted he is placed in a room by himself for observation. This room is so constructed that the patient can be observed from above without the observer himself being seen. The patient is kept in such a room until the medical officer is satisfied as to the fact of his insanity. We are subject to impositions on the part of convicts who have feigned insanity for the purpose of admission to this asylum, and thereby affecting their escape. This rule has con-

sequently been adopted to eliminate such cases. It is necessary, also, for half the force of attendants, during meal hours, to be absent from the wards, and upon two of the wards where dangerous and homicidal patients are confined, a few of these most inclined to homicidal assaults are secured for the purpose of avoiding any premeditated outbreak, while the force of attendants is temporarily weakened during meal hours. Should a patient develop any unusual symptoms, or by his conduct cause us to feel in any way uncertain concerning his mental condition, or concerning his collusion with other dangerous elements, such a patient is also secluded for a few days at a time for the purpose of observation. A record is kept of all patients secluded during the year. Should a patient become dangerously excited and inclined to make sudden assaults and actively disturbed, such a patient may be secluded, say an hour, or a portion of the day, but always by the advice and direction of a medical officer to whom the fact is reported.

The sick, such of them as are confined to their beds, are left in their rooms, and if the patient is on a disturbed ward, for his protection, the door is locked. Such cases are not properly cases of seclusion.

Seclusion for the purpose of getting rid of the care of some particularly troublesome, mischievous or excitable patient who will not remain dressed or quiet has not been practiced to any extent.

4. If any articles of furniture are fastened to the floor on the wards, state the number and kind of each and the reasons why it is regarded as necessary.

There are no articles of furniture fastened to the floor in any of the rooms.

5. If there are any airing courts attached to the hospital, state how many and the location, extent and arrangement of each, and the reason why they are regarded as necessary.

There are two airing courts attached to this asylum. One is located to the west of the west wing, and the other to the south of the east wing. The west airing court is 137 feet long and seventy-six feet wide, and is arranged in the form of a square with seats arranged about two sides of it, and furnished with a broad raised wooden walk which is kept clean for the purpose of exercise in winter. The other airing court is ninety-one feet long and sixty-eight feet wide, also furnished with seats upon four sides. Both airing courts are planted with shade trees, each is turfed and the west one contains a small ornamental flower bed in the centre. Each court is also provided with running water and drinking cups, and with conveniences for toilet. The female

patients have, at times during the summer, been allowed the full freedom of the grounds, but on account of the tendency to escape and the dangers attendant upon a successful attempt of that character, we consider that airing courts to restrain patients within safe limits are desirable for an asylum of this character, not particular as an adjunct to the medical treatment, but for the purpose of more safe custody. All our patients have plenty of out-door exercise and air, but the unrestricted liberty of the grounds, with its consequent temptations, are not deemed desirable in view of the fact that many of our patients are under sentence for crimes committed and all are in custody by order of the various courts within the State.

Bathing.

1. How frequently are patients regularly bathed; what are your rules as to bathing of "filthy" patients, supervision of bathing, renewing the water and regulating its temperature; to what extent is the bathing supervised by a medical officer and are any patients permitted to bathe without the presence of an attendant? Are sheets used for drying patients when bathing and to what extent are bathing towels allowed? Have you a spray bath in operation, and do you regard that method of bathing patients with favor? State your views as to the propriety of allowing patients to bathe unattended.

Patients regularly bathe once a week. Filthy patients are bathed by themselves or bathed last. Two attendants on the large wards are in charge of the bathing, and one upon the smaller wards. A physician also inspects the manner of bathing upon his regular visits on Friday of each week. The water is renewed for each patient, and its temperature is regulated by the hand of the attendant before the patient is allowed to enter. All patients are bathed in the presence of an attendant, although there are certain cases in which exceptions are made, where patients are trustworthy and request it, but such a privilege is granted to an extremely limited extent. Sheets (except for women who have towels) are used for drying the patients when bathing. Filthy patients are bathed as soon as soiled.

At present we have no spray bath in operation, and in view of the near relinquishment of the asylum we have not thought it necessary to introduce one here. In the case of filthy patients who require frequent bathing, and where numbers of them are associated together, I should regard this method of bathing with great favor. I should consider, also, that it might be of use in bathing troublesome patients who

might be injured in struggles to place them in a bath tub. As a general thing I do not believe in the propriety of allowing patients to bathe unattended, although there are certain patients who are out of doors, who are intrusted with tools, who are intelligent, useful and faithful servants, who largely care for their own persons themselves, and in many ways are trusted far beyond the usual limits allowed other patients, and I see no objection to such patients bathing alone if they request it as a matter of modesty and comfort.

CLOTHING AND BEDDING.

1. What is the general character of clothing supplied to public patients? How much does it vary with the seasons and how often is patients' underclothing regularly changed.

The clothing supplied to public patients in this asylum is of the same general character. The pantaloons and vests are made of a grey mixed cloth of medium weight. The coat is made of standard Waterloo blue flannel, in the form of a sack with a half rolling collar. Each patient is supplied with underclothing of Canton flannel drawers and undershirt, and also with an overshirt of fine striped blue and white hickory, extra to sick and old and feeble. During the summer the underclothing is omitted, excepting a few patients who desire it, and to the old and feeble, and most of the patients go without their vests. The underclothing is regularly changed weekly. Collars and ties are furnished to such as attend chapel services or entertainments, and to all patients upon the fourth ward. Felt hats are worn during the winter, straw in summer. Mittens are furnished in winter. Low shoes are worn by most of the men, but for the working patients, heavy shoes are provided; to such as go out in the winter, boots. Rubber boots are purchased for those who work in the laundry.

For patients who are inclined to violence, there is a certain cloth shoe manufactured with a soft sole, also of cloth quilted and lined. This shoe is warm and very serviceable, is laced up in front, and while it gives comfort to the patient, it prevents any injury from kicking or throwing the shoe. A similar shoe is also worn by night attendants in order that they may noiselessly visit the hall by night.

The women are also supplied with underclothing of the same general character; chemises, long-sleeved waist, drawers, two skirts and a dress, usually of gingham, although for some few patients worsted dresses are bought. They are also furnished with ribbons and with aprons. Many of the women patients are also supplied with shoulder shawls. The women wear shoes of soft leather, and some of them are

provided with buttoned boots. Usually, however, the shoe worn by them consists of a half-lace shoe of thin leather, lined. They are also provided with hats for summer and winter use.

2. What is the general character of patients' bedding, and how frequently are the sheets and pillow-cases regularly changed?

The bed in general use here is a straw bed. Each bed is furnished with two pillows, one of felted cotton and one of straw. Many of the pillows, also, are filled with hair. Each bed is furnished with two sheets and from two pairs to three (in special cases of sick or feeble) woolen blankets and a white outside Marseilles spread. We have also in use mattresses made of hair, felted cotton, curly-cork threads and corn husks. There are also several woven-wire mattresses and a few iron bedsteads. One pillow-case and one sheet is changed weekly, or oftener, if soiled. In regard to the sufficiency of bed clothing, if the patient complains of cold his allowance is increased; but during the winter months a night fireman is employed to see that the temperature during the night is from sixty-seven to seventy degrees.

3. Is the bedding changed during the night in case of soiling?

We have not made a practice of regularly changing the soiled bedding during the night. As the asylum is arranged, we have no room which can be devoted to infirmary purposes, and, consequently, what few filthy patients we have are scattered through the house. This inconvenience will be obviated at the new asylum by the use of the infirmaries provided for that purpose.

Night Service.

State in full your arrangements for night service as to attendants, nurses and watchmen, and the duties prescribed for each class. Are filthy patients regularly taken up during the night? To what extent are the wards under medical supervision at night?

We have regularly employed five night attendants and watchmen who are on duty all night. One of this number is more properly a fireman as his duty is to see that the wards are kept in proper condition of temperature and is in the boiler-house where he receives reports from the wards. We aim to keep a uniform temperature, or nearly so, of from sixty-five to sixty-eight degrees.

An outside roundsman makes a patrol of the asylum to see that patients are not exposed at open windows, to note the presence of dis-

turbance on the words, to guard against attempts at escape or depreda tions from the outside. He also notes temperature, wind, etc., an reports to fireman any message from the wards. He makes one roun every half hour beginning at 7 P. M. In the morning, at 5 in th summer and 5.30 o'clock in the winter, he rings the rising bell an starts the morning fires, etc. He also calls those whose duties ma occasion early rising. He then does duty in the basement corrido until breakfast and makes his report to the inside watchman.

The inside watchman makes three rounds every two hours unles delayed. He visits every ward and sees every patient and attends t their wants. He does not enter rooms of patients unless accompanie by another attendant. This rule is made necessary by the characte of many of our patients. He administers medicines when ordered s to do, reports cases of illness or accident, and has a general oversigh of the whole house. He also observes the temperature of the ward the quiet of the house, and any disturbance. He records the hou and minute of each visit by various station punches on keys whic register in the main office. Each watchman and night attendant als regularly records his whereabouts during the night in the sam manner.

On each of our disturbed wards there are two night watchmen attendants who visit each patient every fifteen minutes from 7 P. M until 10 P. M. At 10 P. M. another attendant goes on duty relieving th first two attendants, who remains on duty on each ward for disturbe and suicidal cases (wards 6 and 7) all night, making visits or rounds t each patient every fifteen minutes observing the sick, feeble and suic dal and reporting to the general roundsman any event of importance which might require the presence of a physician, such as sudden illness accident or serious disorder. Up to 10 P. M. the attendants a expected to see that all patients are clean and in order for the nigh We have very few filthy cases, most of them being sporadic an exceptional and we have no regular practice of taking patients up night and have no infirmary. At the new asylum conveniences of th character and also hospitals for the sick are provided where with o large number it is expected that greater occasion will arise f their use.

The medical officers are always within call of the night watchma and respond to calls personally. They are also expected as often once a fortnight to make a visit or round at 10 P. M., and also at th rising hour in the morning to observe the condition of the patien and wards.

Dining-room Service.

Have you ward or associate dining-rooms; are the dining-rooms in charge of special attendants (if women are in charge of men's dining-rooms state the fact)? Do the attendants dine with the patients, or separately, and, if the latter, before or after the patients' meals are served? To what extent is the dining-room service supervised by a medical officer?

We have no ward dining-rooms, the old dining-rooms having been abandoned some years ago and an associate dining-room built under the chapel which will accommodate about 230 men. Adjoining the dining-room for men is a similar one for women, which will accommodate about twenty. The male dining-room is in charge of a special male attendant who conducts it with the assistance of patients from the wards. The women's dining-room is in charge of a special woman attendant who conducts her dining-room in the same manner. The attendants dine separately from the patients; half of the attendants being on duty while the other half are at meals. After the attendants have dined the patients are brought from the wards accompanied by the attendants who take their stations about the dining-room and wait upon the patients. The attendants' meals are served before the patients. The dining-room is visited at each meal by one of the attending physicians whose duty it is to be present to see that the food is properly served, that the patients are allowed proper time for eating, and that those inclined to fast are properly fed, and that the feeble who do not or can not eat, are furnished with proper diet, and to be present in the event of any disturbance. It is also the duty of the supervisor to be present at each meal.

Visitation of Patients.

Have you special days or hours when visiting is allowed? If so, state them, and whether the patients' friends are allowed to visit them on the wards or elsewhere. Are general visitors permitted to visit the wards promiscuously?

We have no special days or hours for visitation of patients by friends. Most of our patients have relatives and friends residing at a distance, and whenever they call they are allowed to visit. We do not, however, receive such visits on Sundays; nor are visits allowed before 9 o'clock in the morning and after 5 o'clock in the afternoon. The asylum is closed to visitors between 12 o'clock and 2, while the

patients and attendants are at meals. General visitors are allowed to go upon the wards between the hours of 2 and 5 of any afternoon in the week excepting Friday and Sunday, Friday being bathing day. It is our yearly custom to invite the members of the grand jury, board of supervisors, and such other public bodies as may be in session in the city of Auburn, to visit and inspect the wards.

CORRESPONDENCE.

What is your practice as to delivering patients' letters unopened? State your objections, if any, to this practice.

Patients' letters are never delivered unopened. All newspapers and packages are also opened and examined. This being an asylum for the criminal insane we exercise a strict inspection of the incoming mail, in order to prevent any weapon of offense or any instrument that could be used for the purpose of escape from being sent to the patients through the mails. In a general asylum for the insane the necessity for a like surveillance would not exist. Here it is a precautionary measure.

RECOVERIES AND DEATHS.

Give percentage of recoveries on number admitted.

39.13.

Give percentage of recoveries on daily average population.

11.23.

Give percentage of recoveries on whole number treated.

8.85.

Give percentage of recoveries on number discharged.

40.95.

Of those discharged recovered the previous year, how many were readmitted prior to October 1, 1891?

One.

Give percentage of deaths on number admitted.

17.39.

Give percentage of deaths on average daily population.

4.99.

Give percentage of deaths on whole number treated.

3.93.

Give percentage of deaths on number discharged.

18.18.

Give the whole number of inebriates — that is, alcoholic, opium and other "narcotic habitués" — discharged during the year, and whether they were classed as "recovered" or "not insane" in your report of discharges.

During the past year we have discharged no inebriates, and no "narcotic habitués."

Give the name, rank, and date of employment, compensation, and previous experience, if any, of each resident officer; also salary of treasurer.

H. E. Allison, medical superintendent, July 1, 1889, $3,000. Had previous experience of about ten years at the Willard Asylum for the Insane, and about a year and a half in general practice.

J. Elvin Courtney, first assistant physician, December 6, 1891, Compensation, $1,300. Had experience of about two years at the Hudson River State Hospital, also as assistant physician, ten months upon Ward's Island; as clinical assistant, one year, at Bloomingdale, and six months, interne, in the Virginia Colored Asylum.

Luther C. Jones, second assistant physician, December 6, 1889. Compensation, $800. Had no previous asylum experience, but was for six months connected as interne with St. Catharine's Hospital, Brooklyn, N. Y.

James F. Howells, steward, April 1, 1889. No previous experience. Compensation, $1,000.

H. E. Allison, treasurer. No salary.

Subordinate Employes.

1. Give the number of employes, other than resident officers, the capacity in which employed, compensation, and the number receiving the same compensation in each occupation, specifying whether men or women.

	Per month.
One supervisor	$45 00
One carpenter	63 00
One cook	50 00
One assistant cook and baker	29 00

	Per month.
One night watchman	$33 00
Two day watchmen	50 00
One gardener	40 00
One steam fitter	60 00
One clinical assistant	45 00
One laundryman	32 00
One storekeeper	27 00
One fireman	30 00
One teamster	27 00
One night attendant	28 00
One night attendant	27 00
Two night attendants	25 00
One attendant	24 00
Seven attendants	23 00
One fireman	24 00
Three attendants	22 00
Three attendants	20 00
One attendant	27 00
One attendant	18 00
One attendant (female)	25 00
One attendant (female)	21 00
One dining-room attendant	17 00
One laundress	18 25
One laundress	17 50
Laundress employed by the day	.....
One officers' cook	20 00
One waitress	15 00
One housemaid	14 00
One chambermaid	11 00
Organist, who comes once or twice a week	7 00

Give the ratio of employes of all kinds to patients.

One to 5.46.

Give the annual per capita cost per patient of all employes.

Fifty-nine dollars and fifty-four cents.

Give the ratio of attendants exclusively occupied on the wards to patients.

One to twelve.

Give separately the ratio of wages paid men and women attendants on entering the service.

The ratio of wages paid men on entering the service, is eighteen dollars per month for the first month, which is a trial month; thereafter, twenty dollars per month is paid. Women attendants, we have but three. Wages, twenty-five dollars, twenty-one dollars, and seventeen dollars.

Give separately the maximum rate of wages paid men and women attendants.

Maximum wages paid ward attendants at present, twenty-seven dollars for men, twenty-five dollars for women.

State the rule, if any, governing the promotion in rank and pay of attendants.

After six months men get twenty-two dollars per month and future increase depends upon efficiency and promotion.

Is there any definite term or period at the end of which faithful and efficient attendants are entitled to promotion in either pay or rank or both.

Answered above. Promotions are made when vacancies occur and as far as is possible are made upon the basis of length of service, where the man's capacity will admit of the application of such rule.

General.

Give the yearly per capita cost and the average purchase price of the staple articles of supply contained in the following table, as shown by the steward's books:

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Fruits, fresh, boxes	5	$5 42⅔	$0 11287+	$27 13
Fruits, fresh, bushels....	22	92727	08487+	20 40
Fruits, dried, pounds....	1,755	08507	62117+	149 30
Vegetables, fresh, heads..	2,013	04628	38730	93 16
Vegetables, fresh, bushels.	2,005	93853	7 82920+	1,881 75
Vegetables, canned, dozen	64	1 18828	30809+	74 05
Meats, fresh, pounds	54,296	07486	16 91225+	4,064 86
Meats, salt, barrels.....	112	10 544	4 91366+	1,181 00
Meats, smoked, pounds..	3,192	07123	94607+	227 39

GENERAL — (*Continued*).

ARTICLES.	Consumed during year.	Average purchase price.	Yearly per capita cost.	Total cost.
Poultry, pounds	788	$0 12128	$0 39762+	$95 57
Fish, fresh, pounds	4,100	07353	1 25447	301 49
Fish, dried, quintals	20	6 3625	52943	127 25
Fish, salt, barrels	4	9 50	15810	38 00
Flour, wheat, pounds	87,950	02861	10 46985	2,516 43
Flour, graham, pounds	1,300	02768	14977	36 00
Flour, buckwheat, pounds	145	02834	01710	4 11
Corn meal, pounds	4,361	01988	36084	86 73
Oat meal, barrels	7	7 00364	21031+	51 55
Rice, pounds	1,170	06764	32927+	79 14
Hominy, barrels	6	4 00872	12169+	29 25
Crackers, pounds	435	05910	10696+	25 71
Butter, pounds	9,028	19659	7 38456+	1,774 88
Cheese, pounds	2,245	10248	95764+	230 07
Milk, gallons	9,800	15	6 11607+	1,470 00
Eggs, dozen	3,363	20104	2 81302+	676 11
Tea, pounds	897	23393	87306+	209 84
Coffee, pounds	1,603	24347	1 20778+	390 29
Sugar, pounds	20,325	05098	4 31108+	1,036 17
Molasses, gallons	251	35151	36708	88 23
Syrup, gallons	216	35	31484+	75 60
Vinegar, gallons	416	13355	23110+	55 56
Salt, barrels	18	1 00	07487+	18 00
Salt, bags	16	75	04992	12 00
Pepper, pounds	162	16925	11408+	27 42
Spices, pounds	83	26313	09086+	21 84
Liquors, distilled, gallons	26	3 00	32452+	78 00
Liquors, vinous, gallons	25	2 02	21011	50 50

FUEL AND LIGHTING.

1. Give the total and per capita cost of fuel, exclusive of wages, the average purchase price per ton of hard and soft coal, also the number of tons of each consumed.

Bituminous coal, 926 tons, average purchase price, $2.76134; per capita cost, $10.63865; total cost, $2,557.

Anthracite coal, 105 tons, average purchase price, $4.40; yearly per capita cost, $1.92219; total cost, $462.

Wood, six cords, average purchase price, five dollars and fifty cents; yearly per capita cost, .13729+; total cost, thirty-three dollars. One load, average purchase price, two dollars and fifty cents; yearly per capita cost, .0104; total cost, two dollars and fifty cents.

2. Give the total and per capita cost of lighting the hospital, exclusive of wages?

Gas, 712,000 feet; average purchase price, one dollar and fifty cents; yearly per capita cost, $4.44351; total cost, $1,068.

3–4. Give the yearly per capita cost of clothing and bedding.

Per capita cost, $6.65; total cost, $1,598.80.

Clothing and bedding can not be separated because we use ticking for linings of clothing, backs of vests, etc., and sheetings are also used largely in the sewing-room for clothing purposes, linings, etc.

5. Give the yearly per capita and total cost of furniture.

The yearly per capita cost of furniture is $1.69; the total cost is $407.39.

6. Give the yearly per capita and total cost of salaries of resident officers (including salary of treasurer).

The per capita cost is twenty-five dollars and thirty-eight cents; total cost $6,100. There is no additional salary paid to the treasurer, the medical superintendent performing all the duties of that office.

7. Give the yearly per capita and total cost of wages of all kinds, other than officers' salaries.

The per capita cost is fifty-nine dollars and fifty-four cents; the total cost is $14,311.77.

8. Give the yearly per capita and total cost of attendants proper, including ward supervisors.

Per capita cost, thirty-three dollars and twenty-two cents; total cost, $7,984.

9. Give the yearly per capita and total cost of medicines and medical stores and appliances.

Per capita cost, three dollars and seventy-seven cents; total cost, $907.21.

10. Give the yearly per capita and total cost of managers' or trustees' expenses of all kinds.

The yearly per capita and total cost of managers' expenses does not enter into the expenditures of this asylum.

11. Give the yearly per capita and total cost of miscellaneous and all other items of expense for maintenance not included in the preceding ten items.

The per capita cost is $121.18; the total cost is $29,126.65.

12. Give the yearly per capita and total cost of maintenance, inclusive of officers' salaries, ordinary repairs and every other item of expense which may properly be charged to maintenance account.

Per capita cost is $218.23; the total cost is $52,451.82.

13. Give the total cost of extraordinary repairs and renewals, additional lands and buildings, or improvements of a special character.

During the past year we have had no appropriation for extraordinary repairs and renewals, additional lands and buildings, or improvements of a special character, it having been expected that an early removal would take place to Matteawan. Such repairs as were necessary, whether of a special character or otherwise, have been paid out of the maintenance fund of the asylum.

APPROPRIATION REQUIRED.

Give an itemized schedule of the appropriations required for 1892, stating briefly the necessity for each item on the schedule.

This asylum will be relinquished this spring. No appropriation is asked for to be expended here, but we shall ask for Matteawan as a special fund:

For wagon scales, walks, shelter-houses, farm barn, roadmaking and other improvements, the sum of eleven thousand four hundred dollars.

This asylum is supported in part by the State by means of appropriations for maintenance.

We shall ask for the usual amount in the annual appropriation bill as for several years past:

Maintenance and ordinary repairs	$30,000 00
Salaries of officers	8,100 00
	$38,100 00

General Review.

Operations of State hospital system.

INSTITUTIONS.	Number of physicians.	Number of patients to each physician.	Annual per capita cost of medical service.
Utica State Hospital	6	130	14.63+
Hudson River State Hospital	7	104+	17.93
Buffalo State Hospital	5	141+	19.25
Middletown State Homœopathic Hospital	4	127+	13.75
Willard State Hospital	8	256+	5.79
Binghamton State Hospital	6	189+	8.80
St. Lawrence State Hospital	5	45	.....
Rochester State Hospital	4	88	.....
State Asylum for Insane Criminals	3	80	21.25
Total	48	.....	.....
Average	....	128+	14.45+

Note.—In the above and following tables the statements with regard to annual cost, etc., at the St. Lawrence State Hospital and Rochester State Hospital are omitted, as neither institution has been in operation for one year.

Employes.

INSTITUTIONS.	Total number of employes.	Ratio of all employes to patients.	Ratio of attendants to patients.	Annual per capita cost of all employes.
Utica State Hospital	191	1–4.00	1– 8.00	74.74
Hudson River State Hospital	218	1–3.79	1– 9.00	79.12
Buffalo State Hospital	119	1–4.30	1– 8.3	67.73
Middletown State Homœopathic Hospital	196	1–3.61	1– 8.1	82.82
Willard State Hospital	419	1–4.84	1–10.00	43.84
Binghamton State Hospital	312	1–3.60	1– 6.00	64.17
St. Lawrence State Hospital	133	1–3.13	1– 7.00	.....
Rochester State Hospital	70	1–5.40	1– 8.5	.....
State Asylum for Insane Criminals	46	1–5.46	1–12.00	59.54
Total	1,704	.....	.....	.....
Average	189	1–4.23	1– 8.54	67.42

Note.—St. Lawrence and Rochester State hospitals excluded, not having been in operation for one year.

FUEL.

Institution.	Total annual cost.	Annual per capita cost.
Utica State Hospital	$9,271 98	$11 79
Hudson River State Hospital	31,243 84	42 57
Buffalo State Hospital	6,346 89	12 48
Middletown State Homœopathic Hospital	12,199 61	17 20
Willard State Hospital	16,034 56	7 80
Binghamton State Hospital	17,012 99	14 97
St. Lawrence State Hospital	.....	.....
Rochester State Hospital	.....	.....
State Asylum for Insane Criminals	2,557 00	10 63
Average	$13,523 83	$16 77

NOTE.—St. Lawrence State Hospital and Rochester State Hospital excluded, not having been in operation for one year.

LIGHT.

Institution.	Total cost.	Annual per capita cost.
Utica State Hospital	$2,492 99	$3 17
Hudson River State Hospital	2,749 53	3 74
Buffalo State Hospital	2,196 84	4 30
Middletown State Homœopathic Hospital	3,426 48	4 83
Willard State Hospital	1,917 11	93
Binghamton State Hospital	2,232 60	1 96
St. Lawrence State Hospital	.....	.....
Rochester State Hospital	.....	.....
State Asylum for Insane Criminals	1,068 00	4 44
Average	$2,297 65	$3 33+

NOTE.—Wages are not included in the above statement. St. Lawrence State Hospital and Rochester State Hospital excluded, not having been in operation for one year.

Recoveries.

INSTITUTION.	On number admitted.	On average daily population.	On whole number treated.	On number discharged.
Utica State Hospital	25.65	13.74	9.22	27.48
Hudson River State Hospital..	21	12.70	8.38	37
Buffalo State Hospital.....	29	25.34	14.21	40.41
Middletown State Homœopathic Hospital	31.83	15.93	11.76	57.65
Willard State Hospital	12.+	1.70	1.50	13
Binghamton State Hospital ...	12	2.90	2.40	21
St. Lawrence State Hospital ..	.....	.....	.....	.....
Rochester State Hospital	.....	.....	.....	.....
State Asylum for Insane Criminals	39.13	11.23	8.85	40.05
Average	22.94	11.93	8.05	33.92

Note.—St. Lawrence and Rochester excluded, not having been in operation for one year.

Deaths.

INSTITUTION.	On number admitted.	On average daily population.	On whole number treated.	On number discharged.
Utica State Hospital	23.03	12.34	8.28	24.68
Hudson River State Hospital..	21.19	13	8.16	38
Buffalo State Hospital.....	18.+	13	7.70	21.90
Middletown State Homœopathic Hospital	12.11	6.06	4.47	21.93
Willard State Hospital	56.+	8.20	7.10	61
Binghamton State Hospital ...	2.73	6.70	5.50	33
St. Lawrence State Hospital ..	.....	.....	.....	.....
Rochester State Hospital	.....	.....	.....	.....
State Asylum for Insane Criminals	17.39	4.99	3.93	18.18
Average	21.49	9.18	6.44	31.24

Note.—St. Lawrence and Rochester State hospitals excluded, not having been in operation for one year.

ARTICLES OF CONSUMPTION.

Statement prepared from special reports showing average purchase price and annual per capita cost of staple articles of consumption in the State hospitals during the year ending September 30, 1891.

ARTICLES.	UTICA STATE HOSPITAL.		HUDSON RIVER STATE HOSPITAL.		BUFFALO STATE HOSPITAL.		MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.		WILLARD STATE HOSPITAL.	
	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.
Fresh meats, per pound	.07	21.41	.09½	32.85	.06¼	23.47	.07½	21.50	.06½	18.35
Poultry	.10½	.26	.21	1.29	.19	.70	.18 7-10	1.26	.10	.51
Wheat flour, per barrel	4.90	6.85	5.59	6.39	4.79	6.96	5.94	3.35	4.50	6.87
Butter	.22	10.76	.22½	12.76	.23	10.55	.22	9.84	.18	6.19
Cheese	.10	.49	.10½	.50½	.10¾	.82	.11 4-10	.62	.09½	.57½
Milk, gallons	.16	5.34	.14	1.87	.16	8.63	.12	15.00	.16	6.12½
Eggs	.17	1.91	.23½	5.21	.19½	2.61	.20½	4.36	.18½	1.25
Tea	.25	1.42	.29	1.15	.25⅞	1.77	.29	.95	.20½	1.08
Coffee	.17½	1.90	.26	2.97	.17	1.72	.27	2.14	.22½	2.05
Sugar	.05½	3.95	.05	2.80	.04¾	2.78	.05	3.25	.04½	2.76
Liquors, distilled, per gallon	3.02	.52½	2.60¼	.36	2.45	.32	3.17	.31	2.21	.61

Articles of consumption — (Concluded).

ARTICLES.	BINGHAMTON STATE HOSPITAL.		ST. LAWRENCE STATE HOSPITAL.		ROCHESTER STATE HOSPITAL.*		STATE ASYLUM FOR INSANE CRIMINALS.	
	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.
Fresh meats, per pound	.06	14.19	.07	•11.61	.07	3.78	.07½	16.91
Poultry	.14	.23	.10½	.41½	.16	.18	.12	.80¾
Wheat flour, per barrel	5.22	8.40	5.05	6.56	5.59	2.57	5.49	10.46
Butter	.21	9.32	.19	1.02	.21¾	2.08	.19⅝	7.38
Cheese	.09	.32	.10	.03	.09½	.07¾	.10¼	.95¾
Milk, gallons	.16	8.16	.20	.15½	.16	2.30	.15	6.11
Eggs	.26	2.73	.18	2.23	.18¼	.45⅛	.20	2.81
Tea	.23¼	1.53	.23	1.14	.22	.49 1-5	.23½	.87⅛
Coffee	.25⅛	2.48	.18	2.22	.21½	.02	.34⅞	1.21
Sugar	.04½	2.23	.05	3.85	.04⅛	1.17	.05	4.31
Liquors, distilled, per gallon	2.68	.15	2.00	.34	3.42	.05 1-5	3.00	.32

* The returns from the Rochester State Hospital cover only the three months of its existence, *i. e.*, July 1 to October 1, 1891.



CHAPTER 2.

LANDS AND ROADS.

Whatever lands are hereafter required for the use of State hospitals should, in the judgment of the Commission, be obtained by condemnation. From its observations it is satisfied that the State has sometimes paid large sums in excess of the fair valuation of such lands. Generally it is easy to come to an agreement only when the price of the seller is accepted. No possible hardship could be involved in the proposed change. There is no more reason why individuals should not accept a fair price under condemnation proceedings for lands sold to the State for State hospitals than that the lands required for the erection of the capitol should have been secured by private purchase. The Commission regards the latter practice as entirely wrong, and therefore suggests that the statute be amended so as to provide for the purchase of lands by condemnation.

Such proceedings are inexpensive, but, even making a liberal allowance for these expenses, the gain to the State could not fail of being very large.

For various reasons roads are sought to be made through the grounds of State hospitals, and the Commission believes that in many instances such roads have been located to the detriment of the State. The State's interest in a matter of this kind should not be left to the local authorities. The State is interested in the unity of its system. The Commission would, therefore, recommend that no street or road should be opened through the grounds of a State hospital unless by special act of the Legislature or consent of the Commission.

CHAPTER 3.

ENLARGEMENT OF STATE HOSPITALS.

The policy of State care for the insane which was reaffirmed and practically entered upon by the passage of the second State Care Act in 1865 not having been fully carried out according to the intent and meaning of the original statute, it becomes a per-

tinent matter for inquiry where the fault lies. The Commission is satisfied that the source of the difficulty lies in the fact that in appropriations for the insane the State has never kept pace with the actual increase of its insane population; in truth, this fact was the first and only valid excuse for a partial return to the system of county care of the insane at poor-houses. In considering the enormous sums appropriated for the erection and equipment of State hopitals since the State hospital at Utica was opened, no doubt can be felt that a considerable degree of mismanagement must have marked the expenditure of these sums. An examination of the appropriations made for State institutions for twenty-five years past conclusively demonstrates this fact; but it is not necessary to go so far back in order to establish the truth of this statement.

An examination of the general and special appropriations from 1886 to 1891, inclusive, a period of six years, shows that in round numbers the enormous sum of $2,000,000, exclusive of the annual allowances for salaries of officers, has been appropriated for the following hospitals, excluding the new Asylum for Insane Criminals at Matteawan, which is part of the State prison system, and the St. Lawrence State Hospital, which is yet uncompleted:

1886.

Utica State Hospital	$54,162 90
Buffalo State Hospital	5,910 00
Middletown State Homœopathic Hospital	49,500 00
Binghamton State Hospital	114,418 16
Hudson River State Hospital	108,300 00
Willard State Hospital	70,000 00
Total	$402,291 06

1887.

Utica State Hospital	$53,243 67
Buffalo State Hospital	180,334 25
Middletown State Homœopathic Hospital	52,500 00
Binghamton State Hospital	58,435 95
Hudson River State Hospital	191,250 00
Willard State Hospital	.....
Total	$535,763 87

1888.

Utica State Hospital	$34,000 00
Buffalo State Hospital	5,731 22
Middletown State Homœopathic Hospital	89,000 00
Binghamton State Hospital	68,000 00
Hudson River State Hospital	82,000 00
Willard State Hospital	43,375 00
Total	$322,106 22

1889.

Utica State Hospital	$19,000 00
Buffalo State Hospital	34,609 76
Middletown State Homœopathic Hospital	37,200 00
Binghamton State Hospital	104,810 00
Hudson River State Hospital	157,400 00
Willard State Hospital	30,000 00
Total	$383,019 76

1890.

Utica State Hospital	$35,350 00
Buffalo State Hospital	28,155 93
Middletown State Homœopathic Hospital	18,500 00
Binghamton State Hospital	22,653 00
Hudson River State Hospital	17,800 00
Willard State Hospital	25,000 00
Total	$147,458 93

1891.

Utica State Hospital	$16,920 00
Buffalo State Hospital	7,500 00
Middletown State Homœopathic Hospital	29,450 00
Binghamton State Hospital	83,740 00
Hudson River State Hospital	37,000 00
Willard State Hospital	37,700 00
Total	$212,310 00

Each of these State hospitals has received appropriations during the past six years, as follows:

Utica State Hospital (1886–1891)	$212,676 57
Buffalo State Hospital (1886–1891)	256,341 16
Middletown State Homœopathic Hospital (1886–1891),	276,150 00

Binghamton State Hospital (1886–1891)	$452,057 11
Hudson River State Hospital (1886–1891)	593,750 00
Willard State Hospital (1886–1891)	206,075 00
Total	$1,997,049 84

It will thus be seen that the average appropriations for the above-named State hospitals during the past six years amounted to $338,824. The appropriations for the above hospitals for the last two years, however, have shown a large reduction, namely $147,458.93 for the year 1890, and $212,310 for the year 1891.

During the whole of this period and out of this vast sum increased accommodations have been provided for, in round numbers, 1,000 patients, at a total cost of $625,000, or a per capita cost of $625. The balance of the whole sum appropriated, being $1,377,949.84, has been expended for repairs, improvements and betterments.

It need hardly be pointed out that with this money the capacity of the institutions should have been enlarged to equal the actual requirements made upon them.

It is not meant to be implied that, relative to the purposes for which this money was used, much of it was wastefully or extravagantly applied, but that some of it has been mistakenly applied there can be no reasonable doubt. In the first place, provision should have been made each year to meet the demand for increased accommodation due to the annual increase of the State's insane rather than that apartments and halls in existing buildings should be remodeled and adorned to a luxurious degree, as has been the case in some instances. It were far better that all of the dependent insane should be comfortably housed and cared for than that a majority should be given the benefit of the highest medical care and treatment and the rest left in poor-houses in squalor, wretchedness and degradation, which course the State hospital system under the old methods has indirectly upheld for years towards at least twenty-five per cent of the insane poor of the State outside the counties of New York, Kings and Monroe.

Yet probably each year since the erection of the Utica State Hospital the cry has gone up, and possibly with some justice,

though not to the extent claimed by the superintendents and managers of these hospitals, that the institutions were crowded in excess of their capacity. The claim is no more true this year than on previous years, and indeed it probably can be said of it that it has less truth to-day than at any former period in the history of the State. This neglect to provide sufficient accommodations has been a discredit to the State. It revived and perpetuated the wretched county system. It permitted most serious abuses to grow up.

The "State Care Act," so-called, chapter 126 of the Laws of 1890, presents a broad and comprehensive system, well considered by its authors, which should exterminate the abuses of the county system and absolutely prevent their recurrence. One of the first requirements in the practical reform embodied in this statute was that accommodations commensurate with the annual increase of the insane population should be supplied.

Section 10, of said chapter 126 of the Laws of 1890, enacts as follows:

"The state commission in lunacy, whenever it shall deem it necessary and expedient, by reason of overcrowding, or in order to prevent the same, shall, in its annual report to the governor (the statute now requires it shall be made to the legislature), recommend the erection of such additional buildings on the grounds of any or all state asylums then existing as shall, in the judgment of said commission, provide sufficient accommodations for the immediate prospective wants of the insane of this state; or, if said commission deem it more expedient, it shall recommend the establishment of another state asylum or asylums in such part of the state as in its judgment will best meet the requirements of the pauper and indigent insane.

Section 4 of said act enacts:

"The building or buildings so proposed, and the cost of the same, including the necessary equipment for heating, lighting, ventilation, fixtures and furniture, shall in no case exceed the proportion of five hundred and fifty dollars per capita for each of the patients to be accommodated therein.

Plainly stated, then, since the passage of the State Care Act in 1890, the statute provides that, as to all future increase of accommodations for the insane, first, the extent of such increased accommodation shall be determined and reported by

the Commission in Lunacy; and, second, the per capita cost of the buildings shall not exceed $550, inclusive of furniture and other equipment.

The appropriation of $454,850 made by the last Legislature, together with the sums heretofore appropriated, gave effect to the State Care Act and furnished accommodations for so many of the indigent insane and the insane in county poor-houses as might require them, up to the 1st of January, 1892. The buildings which have been erected under this appropriation supply roomy and comfortable quarters, which promise to serve the purpose for which they are designed, equal to those which the State's bounty has furnished to its insane for the past twenty-five years.

At the time that appropriation was passed, it was expected that it would be possible to complete the buildings in time for the transfer of all the insane in the county poor-houses to them on the 1st of January, 1892, it having been believed when the estimates were made that it would be possible to bring about their completion at the time above stated.

But as all of these buildings will not be finished and ready for occupancy until the 1st of October, 1893, and as the annual increase is to be provided for, it is proper to make a recapitulation of accommodations already existing, and accommodations to be provided up to the 1st of October, 1893. During the fiscal year ending September 30, 1891, the actual increase of the insane poor in the State, outside of the counties of New York and Kings, was 159, and provision for 200 for the two years ending October 1, 1893, may be considered as amply sufficient, even allowing for the admission of such number of private patients as can be accommodated.

There were in the State hospitals proper — the State Asylum for Insane Criminals not being included — on the 1st day of October, 1891	6,961
Increase for two years from October 1, 1891, to October 1, 1893,	400
The estimated number of insane poor in the county-houses, to be removed October first, not to exceed	1,175
Total necessary accommodations to be provided to October 1, 1893	8,536

The accommodations already existing and to be provided may be stated as follows:

The actual capacity of the State hospitals, as officially stated on the 1st day of October, 1891, was	6,570
Accommodations provided under the State care appropriation, which required that accommodations should be provided for not less than 827 patients, it having been found possible to exceed this number somewhat	850
New accommodations ready for occupancy at the St. Lawrence State Hospital	140
Additional accommodations in the new State Asylum for Insane Criminals, at Matteawan, by the removal thereto of those insane now in the State hospitals upon criminal orders	50
Total	7,610
Leaving the actual deficiency	926

The estimates on which the appropriations to carry out the State Care Act were based included the anticipated use of the old State Asylum for Insane Criminals, which will comfortably accommodate	250
Accommodations now being provided at the Willard State Hospital by alterations in progress	135
Total	385
Leaving an actual deficiency to be provided for by additional appropriations of	541

The foregoing estimates are based upon the actual capacity of the State hospitals, as officially stated. The State hospitals, however, as will be observed, had an excess of 391 patients over the reported capacity.

But the Commission begs leave to state that, in its judgment, the State hospitals are not seriously overcrowded at this time; indeed, it would be hazardous to say, if the population of the whole were evenly distributed, as contemplated by the State Care Act, that they would be overcrowded at all. Overcrowding is a relative term. Without a most careful survey of the space actually available in the

State hospitals, which, so far as the Commission is aware, has never been made, it would be difficult, perhaps impossible, to say, with any degree of exactitude, what the actual capacity of the various hospitals for the insane of the State is. As compared with the great asylums of New York and Kings counties, the State hospitals are not, in any real sense, overcrowded. But if the Legislature should consider that the position taken by the State hospital managers and superintendents is tenable, and that it would be wise to make appropriations to increase the actual capacity to what it is claimed it should be, up to the 1st of October, 1893 — and it must be borne in mind that this includes provision for all patients which may be admitted up to that date, although, if the requisite sums are appropriated, accommodations will be ready somewhat previous to that date — it would be necessary to make appropriations for 541 patients, as stated above, which at a cost of $550 per capita, including furniture and all fixtures, would amount to $297,550. But if it be regarded that the State hospitals are not at this time seriously overcrowded, then additional accommodations would be required for only 150 patients, at a cost of $550, or a total of $82,500.

But the managers of the several State hospitals have requested appropriations for the erection of buildings as follows:

Utica State Hospital, to accommodate eighty patients, at a per capita cost of $100 (in this case by comparatively inexpensive changes in dining-rooms)	$8,000 00
Hudson River State Hospital, to accommodate 150 patients, at a per capita cost of $1,133.33	170,000 00
Middletown State Homœopathic Hospital, to accommodate 200 patients, at a per capita cost of $495	99,000 00
Buffalo State Hospital, to accommodate 200 patients, at a per capita cost of $1,000	200,000 00
Rochester State Hospital, to accommodate 200 patients, at a per capita cost of $550	110,000 00
St. Lawrence State Hospital, to accommodate 950 patients (and to complete same), at a per capita cost of $636.21	604,404 50
Total	$1,191,404 50

It is therefore shown that, while upon an extreme estimate, allowing for all claimed overcrowding, accommodations will be required on the 1st day of October, 1893, for not to exceed 541 additional patients, which at a per capita cost of $550, including furniture and all fixtures, would require an appropriation of $297,550, the managers of the State hospitals have asked for accommodations for 1,780 patients, at an average per capita cost of $669.32, exclusive of furniture and fixtures, or a total of $1,191,404.50.

But to state the matter differently, exclusive of the claimed capacity, accommodations have been asked for 1,630 patients in excess of the number that will be actually required to October 1, 1893, at a cost of $1,090,991.60, and, if the claim of overcrowding be admitted, then accommodations have been asked for 1,239 patients in excess of the accommodations required to October 1, 1893, at a cost of $819,287.48 in excess of the appropriations actually required up to the date last mentioned.

Two matters, however, may properly be brought to the attention of the Legislature in this relation:

First. That the St. Lawrence State Hospital is a new institution, now in process of erection, which will have accommodations by the first of April for 540 patients, and when completed in accordance with an act of the Legislature passed some years since fixing the number of patients which it should accommodate (1,500) it will supply accommodations that will absorb the annual increase for some years to come; therefore there can be no reasonable objection to the Legislature making appropriation for the increase at this time, if it chooses so to do.

Second. In justice to the Buffalo State Hospital, it should be stated that the money assigned by the State Care Act for the erection of buildings at that institution was not used there, because the Attorney-General, by reference to decisions of the highest courts, concluded that any enlargement of or addition to the hospital must be built according to the original contracts, and that to attempt to erect the buildings contemplated by the State Care Act at the cost mentioned, necessarily requiring a great modification of the plans, would result in a series of law suits for damages which could not fail to be successful against the State.

It may be mentioned incidentally that the money originally allotted to this institution was used at the Utica and Hudson River State Hospitals.

The commission could hardly fail to be gratified if most liberal accommodations were provided at the State hospitals for the insane, but, in justice to the State and in conformity to its own judgment, it would be recreant to its duties if it failed to point out with precision the exact need of accommodations at these institutions.

CHAPTER 4.

Officers and Employes.

The successful care and treatment of the insane is so largely dependent upon the character, qualifications and zeal of officers and employes that the importance of the subject can hardly be overstated. To the extent that officers are highly trained, experienced and humane, in that degree will the standard of care and treatment at any given institution approximate to the ideal. So, too, the importance of having experienced, well-trained, humane and zealous attendants can not be overestimated.

Without such officers and employes no system however good can be efficiently or successfully carried on; but to secure such officers and employes the State must be, if not generous, at least just. Invidious distinctions in rank, in compensation and in conditions of promotion, should not be permitted. It is sufficient to lay down the proposition that persons in the employ of the State have a right to expect and to receive equality of treatment in all things. This principle has been so long recognized that it seems strange that any should have the hardihood to dispute it, or to deny its justness or its general applicability to the entire hospital system. The very word "State" involves the relegating of locality and individuality to the background for the public good. The State predominates because of a universally recognized necessity, amply attested by all human experience, that localism and individuality for certain purposes must give way in order to prevent disorganization.

"The State" is a relative term differently applied in different cases. It swings from the extreme of despotism to the largest individual liberty; but through it all the underlying principle that all of its servants are equal in all things in their respective grade has always prevailed. It is as singular as it is unfortunate that in one of the greatest interests of the State, this principle should have been substantially set at naught; that in great institutions for the care of one of its most dependent classes, officers and employes should be required to perform widely different degrees of service and should be paid widely different compensations. So far back as the statutes run, the judges of the State, the general officers of the State, the military officers and soldiers of the State, have been required to perform in their class duties equal in kind and degree and have received therefor equal rates of compensation.

But notwithstanding this, the medical officers of the State hospitals — and in greater or lesser degree the same is true of all other grades of employes at these institutions — are required to perform services which vary greatly in amount and in character, their number differing at different institutions, and thereby a greater extent and variety of work have devolved on some than on others in the same grade of service, and the compensation they receive varies in a similar way, being fully sufficient in some cases and in others quite inadequate, a condition which has proved a source of marked dissatisfaction and discontent.

If the ratio of physicians to patients is not more than sufficient in one institution, it follows that it is quite insufficient in another (now that the institutions are all on a hospital basis), and this may be said with equal truth in regard to their compensation. No fixed theory, order, system or arrangement seems to have been followed in these matters. Each institution has apparently been governed by its own preference, or by its success in obtaining appropriations. The superintendent of the Binghamton State Hospital, one of the largest institutions in the State, and having a population of 1,100, receives a salary of $3,500, while the superintendent of the St. Lawrence State Hospital, the latest in the State, receives a salary of $5,000. For the purpose of illustration it may be interesting to note in this

place—all those particularly interested will find full data under chapter I, State hospitals—the salaries paid to the various superintendents of the State hospitals of the State:

Utica State Hospital (800 patients)	$4,000
Buffalo State Hospital (600 patients)	4,000
Binghamton State Hospital (1,100 patients)	3,500
Hudson River State Hospital (850 patients)	4,500
St. Lawrence State Hospital (400 patients)	5,000
Rochester State Hospital (350 patients)	4,000
Middletown State Homœopathic Hospital (800 patients)	4,500
Willard State Hospital (2,100 patients)	4,000

But the salaries and wages of the other resident officers and employes vary still more widely. The Commission has recently endeavored to bring about a reform in this direction, but thus far without success. The evil is a constant source of complaint throughout the State, and one which the Commission frequently encounters in the discharge of its duties. But, if no other reason existed for a change in this respect, the fact that the State now requires that the charge for maintenance of the dependent insane shall be uniform for all the counties of the State, demands that an equalization of salaries of officers and employes should be speedily brought about.

On July 14, 1891, a conference was held by the Commission in the city of New York between itself and the trustees, managers and superintendents of the State hospitals, representatives of all the hospitals of the State being present. In its last annual report the Commission had called attention to the subject of the inequality of officers' salaries and had recommended to the Legislature that such salaries be fixed by statute. A bill was introduced in the Assembly having this end in view but failed of enactment, as it is understood, because a motion was made to fix the compensation of superintendents at the highest rate, namely, $5,000. It is trusted, however, that some action may be taken at the present session of the Legislature. At the conference above referred to, the Commission stated that the conference had been called to consider, among other things, the following:

"An increase in the rate of compensation paid to attendants, especially to female attendants, with a view to having their

wages approximate more nearly to the rate paid male atten
ants; also to consider the ratio of attendants to patients." T
Commission believed that this was a matter which the hospit
managers should regulate, and that upon their attention bei
called to it they would adopt some uniform system. A comm
tee consisting of hospital officers was appointed to consider t
question, which adopted the following resolution:

"*Resolved*, That it is inexpedient and impracticable to adopt
uniform scale of compensation to be paid to employes; and also t
adoption of a uniform rule as to the rates of attendants to patients."

The matter came up for consideration at a meeting of t
hospital trustees, managers and superintendents at the Bingha
ton State Hospital in October last, and, while it was ful
discussed, a determination was reached that it was impractical
to attempt any uniformity of compensation or any uniformity
the amount of work to be performed, although this decision w
vigorously combated by some of the managers present. Expe
ence has fully demonstrated that uniformity of pay for simil
grades in the public service is not only practicable but extreme
desirable. It was claimed with much earnestness by those w
opposed the change that the matter is one to be governed by t
law of supply and demand, and that the disproportions in wag
are caused by local conditions peculiar to each hospital. T
fallacy of this proposition is clearly shown in the fact that
State hospitals within the boundaries or closely adjoining gr
cities of the State, the rates of compensation for similar servi
vary very widely.

A word may properly be said here in regard to t
compensation of women employes and attendants. Nobo
will dispute that equal services should justly require equ
compensation, whether in the case of men or women. No
ing to the discredit of the State be it said, is more mark
than the great inequality which exists between the compen
tion paid to men and that paid to women for precisely the sa
kind of services. And yet this practice is justified and defend
on the ground that the State should pay no more than it is co
pelled to pay. In other words, that the law of might shou
apply; that, because few avocations are open to women as co

pared with those open to men, and because the number of women who desire employment is great, therefore the State with all its power and resources should unjustly discriminate against a helpless class of wage-earners, a class which is denied the legal right of rectifying the wrongs to which it is subjected. This is an evil in the State hospital system which the Commission believes should be speedily corrected. The disproportion in the case of the State hospitals between the compensation paid to men and that paid to women is fully thirty-three per cent. Moreover, it may be said in behalf of women employes and attendants that they usually give more hours to the service, and are more industrious, faithful and painstaking, as a class, than an equal number of men; it therefore seems unjust and parsimonious on the part of the State to permit a continuance of this wide inequality between the sexes in the matter of compensation.

A careful study of the special reports made to the Commission by each of the State hospitals, and treated under chapter 1, "State Hospitals," will show how wide these inequalities are. The Commission therefore respectfully asks the Legislature to provide by statute for equality of compensation for all officers and employes of similar grade in the State hospital service, in order not only that justice may be done, but that the stability of the service may not constantly be impaired by the temptation set before these employes to go to other institutions where the compensation is greater.

The appointment of medical officers after a competitive examination has thus far justified the hopes and beliefs of those who urged the adoption of this change.

In its report for 1890, the Civil Service Commission said:

"The appendices presented herewith reveal several changes in classification, the most important of which refers to the transfers of assistant physicians in State hospitals from the non-competitive to the competitive list—a radical change urged by the State Commission in Lunacy, and believed to be fraught with great good to all the institutions concerned."

This was a result of observations made by many of those who were peculiarly qualified to speak upon the subject. It was notably true of physicians who had been employed by the Civil

Service Commission to pass upon the examination papers of applicants for appointment. They were pronounced in favor of the competitive plan.

It can not be denied that a majority of the superintendents of the State hospitals were opposed to the change. As a result of experience, three of these superintendents now say that they are warmly in favor of the present method. One whose opposition was particularly active now desires that the change be incorporated in the statute, so as to make sure that the present system will continue.

Whatever differences of opinion may be honestly held by individuals regarding the value of the Civil Service law, probably no one will dispute that the non-competitive system was evasive and hence mischievous in its tendencies.

There is much misconception still prevailing in regard to the effect of the civil service regulations. It is gravely asserted that hospital employes should possess certain mental, moral and other qualifications, aside from purely scholastic or technical knowledge, which can not be determined by civil service examination. This is not disputed, but persons who make these assertions can hardly be aware of the law which governs these appointments. There is not a word which provides for the retention of any person who is shown to lack other requisites. Moreover, appointments are made from the eligible list for a probationary period, and the superintendents being required to select from such lists are entirely free to reject a person so appointed if he is subsequently found to be unfitted for the service. It may be stated for the information of those who are unfamiliar with the subject that an applicant for appointment under the competitive system is required to show good character, and to bring ample indorsements in this regard. He is also required, under the rules of the department, to be of a proper age and to have had a reasonable degree of experience, before he can be eligible for examination.

The Commission would recur to the position taken by it in previous reports as to the division of responsibility in the appointment of officers and employes in the public hospitals for the insane. It feels that power should be concentrated in order to secure the best results in these institutions; that the managing

board should appoint the superintendent and treasurer, but that the superintendent should appoint all resident officers and subordinate employes and should have the sole power of discharging them. In every instance in which the Commission has had its attention called to the subject and where misgovernment has been found to exist, it has been traceable to this more than to any other source.

The Commission would, therefore, recommend that the statute be amended so as to provide for the proper division and concentration of responsibility in the power of appointment and discharge.

The statute should be so amended as to provide that certain special officers in the State hospitals should have more extended jurisdiction and more power than they now possess in the matter of authority, to arrest all disturbers of the peace or persons improperly encroaching upon the hospital grounds, and be given authority to arrest and return to the institution dangerous and violent patients who may have escaped. Under the existing statutes it is practically impossible to provide adequate remedies in the cases of disturbers of the peace, or those who improperly encroach upon the grounds, and to secure the return of escaped patients without compliance with statutory requirements.

CHAPTER 5.

Houses for Attendants.

The experience thus far had in the matter of providing quarters for the accommodation of attendants in buildings apart from the wards or hospital buildings proper, would seem to demonstrate the propriety of a further extension of the system. With few exceptions the rooms for attendants and nurses in the State hospitals are immediately on the wards and usually adjacent to patients' rooms. When it is remembered that the duties of this class of employes require them to remain in immediate contact with the insane for many consecutive hours daily, and necessitate a submission on their part to rigid rules of discipline and constant control of demeanor, it will be seen that while on duty they must of necessity be under constant and severe strain. Hence it will be conceded, both as a matter of justice to a worthy class of

employes and in the interest of the service, that these employes should be provided with comfortable quarters quite apart from the wards, thus insuring to them when off duty that undisturbed rest and quiet which is so essential to their mental and physical well being.

Then, too, by providing for attendants and certain other employes in detached buildings, which may be simple in character and comparatively inexpensive, the room space now occupied by attendants will be available for patients, thus increasing the capacity of the hospitals to that extent and at a less per capita cost than could otherwise be provided.

Separate buildings have been provided for attendants at the New York city asylums for the insane, both at Ward's and Blackwell's islands, and are now in successful operation. The general superintendent informs the Commission that the results are already most gratifying.

For the reasons above given, the Commission would recommend the gradual extension of this system of "attendants' homes" at the State hospitals.

CHAPTER 6.

OFFICIAL VISITS OF COMMISSIONERS.

The statute under which the Commission is organized provides that its members shall meet with the managers of the hospitals and consider questions relating to the government of these institutions.

Whatever may have been the intention of the framers of this statute, the Commission has found it exceedingly difficult to comply with it. Each Commissioner is required to visit each hospital at least twice in each year, and each may visit such hospital in company with his associates or alone, in his discretion. As a matter of fact, it is exceedingly difficult for the Commissioners to always make these visits together, owing to the fact that they live at great distances from each other and the hospitals are located in various parts of the State. Furthermore, in order to find opportunity for the performance of necessary work, aside from that of visitation — that is, conferences, office work,

etc.—great economy of time becomes indispensable. On the other hand, it is equally undesirable, as anybody giving the subject a moment's reflection would probably admit, for the members of the Commission to send word in advance to each hospital of the date of their visit, in order that the trustees and managers might meet them at the hospital. Moreover, in most instances the managers of hospitals reside in different parts of the State, many of whom are actively engaged in business pursuits. They serve without compensation, and no adequate penalty is attached if they fail to appear. Moreover, it is questionable whether it would be proper, except on special occasions, to send word in advance of a contemplated visit, although this has been done in some instances, because it was deemed necessary to see the superintendent. But, even admitting the propriety of sending word in advance, the notice at best would be short; and where this has been done, it has been found impossible to see more than a very small number of the managers at any particular hospital at one time. There are a considerable number of managers whom the Commission has never met and, so far as the official proceedings of these boards show, some of the managers rarely attend the meetings or visit the hospital.

For the purpose of endeavoring to overcome this difficulty, the Commission, on September 9, 1891, sent a circular to each manager as follows:

Whereas, The statute creating the State Commission in Lunacy requires that it "shall, from time to time, meet the managers, trustees or responsible authorities of each institution, or as many of the number as practicable, in conference, and consider in detail all questions of management and of improvement of their respective institutions;" therefore, be it

Resolved, That on the second Thursday each of November and May a session of the Commission be held for the purposes set forth in the preamble of this resolution, at the capitol in the city of Albany, unless otherwise ordered, and that the managers, trustees or responsible authorities of each hospital or institution for the care, custody or treatment of the insane be requested to send a representative thereto.

In adopting this resolution it was believed that it would meet the wishes of the managers of the State hospitals, as in some quarters

exception had been taken to the fact that such conferences had not been held. The matter came up for consideration at a meeting of the managers and superintendents at Binghamton in October, 1891. A resolution was there adopted requesting the Commission to meet the managers at the State hospitals and to send word in advance in each instance, the claim being urged that the views of the Commission were not in accord with the intent of the statute. The Commission feeling that it could not properly accede to the proposition of the managers as set forth in the resolution referred to, would here express the hope that the Legislature may adopt some provision which will obviate this difficulty.

CHAPTER 7.

MAINTENANCE.

The maintenance or support of the insane in the State hospitals — in fact, anywhere, or in any institution — is the point around which, heretofore at least, all other questions and interests relating to the care of the insane have revolved. Up to within a recent period, the question has been largely one of cost, and the light of humanity and of true economy has shown over the subject only in dim perspective. The cost of maintenance, often regarded by superficial and unreflecting minds as excessive, has kept multitudes of honest and industrious people, who through no fault of their own became insane, in places sometimes scarcely sufficient for the proper care and treatment of animals, enduring nakedness, squalor, neglect and filth, denied the commonest privileges, and supplied with only the barest necessities of life. From the time of the passage of the first State Care Act, for a period of nearly fifty years, it resulted in the enforced legal recognition of "incurability," and compelled the removal of unfortunates who were obliged to live at public charge, from State hospitals to county poor-houses where they must undergo the ordinary care of the pauper. All this was a result of unenlightened selfishness. Upon no other theory can this singularly disastrous, unfortunate and inhumane policy be explained; in fact the truth of this conclusion has never been successfully contro-

verted. In all the arguments that have been made upon the subject during the whole of this period, it has not been claimed to be anything else. Economy of cost was the watchword, with little or no regard to the humane aspects of the subject.

The passage of the second State Care Act, in 1865, was the embodiment in law of a more humane and a more truly economic policy; but the light was not yet sufficient to admit of a full discernment of the real requirements, so that a quarter of a century more was needed to bring about a change in methods, which with more or less of aggravation had continued since the foundation of the government, although it is but truth to say that a slow and gradual progress had been maintained from the beginning.

In the consideration of this question humanity should have the first place, but it may be freely admitted that the economical side of the question must also have a prominent place. Therefore, it follows that the policy which will secure, first of all, everything that is essential to proper care and treatment and at the same time will limit expenditures to such sums as the truest economy for the State may suggest ought to be pursued. In this, as in other branches of the State government, constant watchfulness is required in order that extravagant tendencies may be kept in check.

It should be clearly borne in mind what maintenance implies. Broadly regarded it includes food, clothing, medical attendance, wages, fuel and lights, ordinary repairs to buildings and equipment, traveling expenses of officers and managers, in short, everything expended in and about the care and treatment of the insane, exclusive of the cost of new buildings and furniture and extraordinary repairs. Much misconception has existed in regard to this matter. Different methods of estimating this cost have been adopted in different institutions. For example, in some it included officers' salaries, while in others this item is omitted. It is clear, however, that what is demanded for the information of the Legislature and the public is the total cost inclusive of everything, with the exceptions above noted.

Previous to the passage of the third State Care Act, in 1890, the law on this subject, which had remained substantially

unchanged since the organization of the Utica State Hospital, was as follows:

"The price to be paid for keeping the poor or any person in indigent circumstances in the asylum shall be annually fixed by the managers, and shall not exceed the actual cost of support and attendance, exclusive of officers' salaries.

Under this mischievously flexible statute, it will be readily seen that the only limit to the cost of the support of the insane was the discretion vested in the local board of trustees. No restrictions whatever were placed upon them. If a majority of any particular board happened to be extravagant, careless or improvident, then the expenses would rise to an undue height. On the contrary, when the opposite tendencies existed the cost would fall below what it properly should have been, which, however, is believed to have seldom happened. Thus opportunity was furnished for abuses in both directions. It is believed that this has been the basis of much of the occasional well-grounded criticism of the management of the State hospitals. The prices fixed must be paid by the counties, the law affording them no discretion but to send certain of their insane to these institutions and compelling them to maintain them there at varying prices fixed by the respective boards of managers. Moreover, it should be borne in mind that the prices fixed did not include all the charges. For example, in most of these institutions clothing, breakage, burial expenses and various other items were added to the bills presented to the counties, thus running the cost up to a disproportionate figure.

However, so long as there was but one State hospital—a period of nearly twenty-five years—the evil effect of this statute did not begin to be appreciated. It was not perceived or realized until after the establishment of the second so-called "acute" hospital in 1870; for the opening of the Willard State Hospital for "chronic" insane was an economic expedient resorted to for a special purpose and did not afford any basis of comparison as to cost with the management of an "acute" hospital. Moreover, as the number of State hospitals for "acute" patients increased, the objectionable results were magnified.

It is interesting, as well as curious, to note the comparative cost of maintenance in the formerly so-called acute asylums for the insane, namely, at Utica, Poughkeepsie, Middletown and Buffalo. The care and treatment of the insane in each of these institutions was conducted on the so-called curative basis. They received presumably only "acute" cases. They transferred at pleasure so-called "incurable" patients to the "chronic" asylums, and therefore the expenditures might fairly be expected to be substantially equal. The medical officers of each of these institutions, with the exception of Middletown, had received their training at or had grown up in the traditions of the old Utica State Lunatic Asylum. In fact, the whole conduct of these later hospitals was largely modeled after that institution. One of the most obvious conclusions in relation to this subject is that, as the number of patients increases the cost of maintenance should decrease; and an equally natural inference would be that those institutions favored with the greatest quantity of tillable land should show a proportionate decrease in expenditures. But the existence of these conditions seems to have exercised little or no influence in the determination of results.

The following tabulated statement shows the weekly cost of maintenance, together with the number of acres of land under cultivation and the daily average number of patients, for each year ending on the 30th of September, of the years 1889, 1890 and 1891:

1889.

INSTITUTION.	Daily average population.	Number of acres under cultivation.	Weekly per capita cost.
Utica State Hospital	645	140	$5 05
Hudson River State Hospital	475	250	5 27
Middletown State Homœopathic Hospital.	536	27	5 46
Buffalo State Hospital	383	134	4 67



1890.

INSTITUTION.	Daily average population.	Number of acres under cultivation.	Weekly per capita cost.
Utica State Hospital	690	125	$4 83
Hudson River State Hospital	574	600	5 58
Middletown State Homœopathic Hospital.	579	281	6 03
Buffalo State Hospital	412	150	4 72

1891.

INSTITUTION.	Daily average population.	Number of acres under cultivation.	Weekly per capita cost.
Utica State Hospital	786	125	$4 68
Hudson River State Hospital	733	600	5·33
Middletown State Homœopathic Hospital.	709	210	5 00
Buffalo State Hospital	509	150	4 53

These figures are highly instructive and suggestive. But one illustration need be pointed out, namely, the Buffalo State Hospital. This institution had the smallest number of patients and, with one exception, the fewest acres of tillable land, but its per capita cost of maintenance is the lowest, whereas, according to the accepted rule, its cost of maintenance should be considerably in excess of all the others. Nobody who is acquainted with the subject will for an instant pretend that the care and treatment afforded to patients at the Buffalo State Hospital was in any respect below that given at any of the others, and yet here is a difference in cost so wide as to be remarkable. Moreover, this institution is compelled to buy nearly all of its vegetable supplies in city markets. Its land is of poor quality, difficult to cultivate, and only a very limited quantity of vegetable products can be raised, the soil being practically a bed of clay. The Commission regrets that it is compelled to make what might appear to be an invidious comparison showing economy of management in one institution over others of the same class; but it deems it important to call the attention of the Legislature to the matter.

In connection with this topic the following table, made up from data furnished by institutions of other States, is interesting. It shows, if anything more were required to emphasize the necessity of a reform in this direction, that either one of two conclusions must be reached: First, either that the institutions of the State of New York are extravagantly managed, or that the standard of care in institutions named in this table, is below what it should be. This can not be successfully shown, it is believed, in any instance.

Institution.	Annual per capita cost.	Weekly per capita cost.
Hospital for Insane, Dayton, Ohio.....	$171 08	$3 29
Hospital for Insane, Jacksonville, Ill.....	163 80	3 15
Hospital for Insane, Cleveland, Ohio.....	171 60	3 30
Hospital for Insane, Worcester, Mass	157 04	3 02
Hospital for Insane, Catonsville, Md.....	198 64	3 82
Hospital for Insane, Taunton, Mass.....	177 32	3 41
Hospital for Insane, St. Peter, Minn	167 96	3 23
Hospital for Insane, Rochester, Minn	169 00	3 25
Hospital for Insane, Middletown, Conn.....	172 64	3 32

For years this matter has been fitfully the subject of official attention. In 1879 Comptroller Olcott made it the subject of official investigation and arrived at the conclusion that very decided reforms in this direction were needed. The substance of his views was as follows:

First. That all receipts of institutions should be paid into the State treasury; that appropriations sufficiently large to cover all other expenses should be made to be advanced by the Comptroller upon monthly estimates.

Second. That all annual appropriation should be estimated for and submitted to a central board, and that said board should examine said estimates and certify the amount needed by each institution to the Legislature, and that no appropriations should be made for any purpose except those so certified.

Third. Making it the duty of the central board to require of the institutions an annual report, classified as to the items of expense and receipts, covering such details as the board might deem wise; also a statement of the quantity and prices of the various articles used.

In 1882 a select committee appointed by the Senate of 1880–81 to investigate the condition of the asylums, composed of Senators William B. Woodin, Charles A. Fowler and Edmund L. Pitts (Senate Documents, vol. 6, No. 68), in their report, among other things, stated as follows:

In our systematic treatment of the insane in asylums, public and private, and in our supervision of asylums, we are, in this State, very far behind Great Britain. * * * * * * * *

We are behind Europe in not having a central supervisory lunacy commission. In England this commission has existed between thirty and forty years, and it has, in that time, wrought many changes and instituted many valuable reforms in spite of superintendents and officers of asylums, who at first were jealous of any interference. The powers of the commissioners are necessarily comprehensive, but they are wielded gently, yet firmly and very successfully. The commission is a guarantee against profligate expenditure. The commissioners are consulted in regard to all the constructions, alterations and improvement in asylum buildings and in regard to the appointment of officers. Their reports each year give elaborate details in regard to each institution which they are required to visit. * * * The first great need of our State is the appointment of a lunacy commission consisting of three or more persons specially fitted for such an important trust, and when such a commission is appointed, and vested with adequate authority by appropriate legislation, every needed reform will gradually be developed; while under the present system — or rather lack of system — they may in the future as in the past be retarded to the detriment of taxpayers. * * * * * * *

It is further suggested that the powers of such commission should be broad enough to enable them to look after not only the welfare of the inmates of asylums, but also that of the taxpayers in the matter of expenditure, both in the erection of buildings and maintenance of the institutions. The committee are earnest in their recommendation that some new and ample supervisory board or authority be created which shall have very full powers in the premises. The reasons for the creation of some such central power are obvious and numerous.

* * * * * * * * *

The medical officers of many of our asylums, and the attendants also under their influence, show a disposition to resist the introduction of changes and improvements in asylum management which observation and experience in other countries have demonstrated to be invaluable in the treatment of the insane.

We do not doubt that, as a rule, our superintendents, as a class, are men of ability, conscience and humanity, but the pertinacity with which most of them resist the introduction of methods which distinguish the asylums of England, Scotland and Germany above all others is not easily accounted for. * * * We are convinced that these methods have not, with rare exceptions, been introduced here, but on the contrary have been and are violently and unscientifically opposed, as we believe to the detriment of the interests of the patients and to the great dissatisfaction of the people.

* * * * * * * * *

We do not, of course, recommend any legislation which shall determine methods of care and treatment, but it is our confident belief that central State supervision will aid much in getting the officers and attendants out of the rut which long-continued service and habit has formed, and, what is of prime importance, will tend to allay the rapidly growing distrust among the people by affording just assurance that those who are so unfortunate as to lose their reason are treated economically, scientifically and humanely.

* * * * * * * * *

In the matter of cost of construction it has been stated by competent persons, and it is believed, that at least two millions could have been saved to the State in the last twenty years had there been intelligent and economical State supervision over this matter and that without any sacrifice of the comfort of the patients.

* * * * * * * * *

This large and rapidly increasing class of unfortunates should be regarded and treated as wards of the State and cared for by the State in such manner that their lives may be rendered as comfortable as possible, consistent with a rational economy.

The commission, the creation of which we recommend, should be given ample powers to look after the interests of the State in the matter of expenditure and to protect the patient in the matter of physical care, with full powers to redress all grievances and remedy whatever wrong they may discover.

* * * * * * * * *

The evils of administration of to-day are very few compared with what they were a quarter of a century ago. Progress is made in all branches of it, but not such progress as the State has a right to demand. A competent commission your committee believes to be the most likely instrumentality to bring the desired relief, inasmuch as in the countries

where it has been tried it has worked most admirably and advantageously. Frequent visitations of our asylums by such a commission, not connected with any one asylum, and published reports of what they see and find and hear, will quiet this feeling of distrust on the part of the public, and while your committee believe they will have no bad disclosures to make, the public mind being thereby enlightened as to the true condition of our insane will cease to complain and to find fault, and the result will be of benefit to the superintendents and officers of the asylums, to the patients confined therein, and to the State at large.

These recommendations, however, have not been heeded. The same system was maintained in its entirety until the creation of the Commission in 1889, and the passage of the third State Care Act, in 1890, while the remedies suggested by Comptroller Olcott have not yet been applied.

The third State Care Act, of 1890, required that until the State assumed the entire cost of maintenance of the public insane the charge to the counties by the State hospitals should be uniform and approved by the State Commission in Lunacy. It was inevitable that this provision of law should bring about a most decided change in methods, and a much needed reform and reduction in expenditures, as, necessarily, under this statute, all sorts of items of expenditure could not be aggregated and at the end of the year a price fixed which would cover them all, to be recouped from the public treasury of each county.

As the Commission has been subjected to severe criticism by certain officers and managers of State hospitals, with an apparent intention to convey the idea that the Commission was endeavoring to reduce the standard of care in these institutions to a poor-house basis, denying to the insane the benefit of proper care and treatment, it would seem proper to point out how the prices finally fixed upon were arrived at. A conference was called with representatives of each hospital in the State and a careful comparison of the cost of maintenance of each institution was made. Figures were obtained showing the actual cost of clothing, breakage and incidental charges. After hearing representatives of all these institutions, the charges were fixed so as to cover all matters of ordinary outlay, and it was intended to break up the mischievous practice of charging to the counties items of breakage, clothing,

etc. The order approving and fixing the charges to be made to counties, among other things, provided as follows:

"The charge hereby established shall include food, clothing, breakage, and all other charges of any name or nature, and no greater charge shall be made under any circumstances whatsoever."

It was inevitable under the old system that less care than might be taken was observed by the State hospitals in the matter of the cost of maintenance. Under the statute, as pointed out above, trustees could each year fix the price to be charged. Whatever expenditures had been incurred were required to be met. There was no option in the matter. Nothing stood in the way. Nothing but the grossest kind of abuse in this direction would suffice to bring about any change. It is only fair to say that gross abuses did not exist. Nevertheless, it is unquestionably true that these institutions might have been operated, and it is believed they can be operated successfully, giving all due attention to proper care and treatment, at a much less cost than they have been and are operated.

By this statute, requiring a uniform price to be charged to counties, and limiting the price to a reasonable sum, it is made inevitable that retrenchment and economy should be the watchword everywhere. Care has been taken in the provisions made for clothing. It is now no longer the custom to give each patient on his discharge all the clothing used by him in the hospital, and in the matter of breakage and all other incidental expenses, unquestionably greater watchfulness and economy have been observed as well as in the purchasing of food and other supplies. Whoever is at all acquainted with the management of the State hospitals at this time, will hardly claim that since this statute has been in operation the insane have not been as well cared for as formerly; that they have not been supplied with as much food, of as good quality, or that their clothing has not been sufficient in both quantity and quality. Only one instance need be cited to prove the truth of this claim. At the Willard State Hospital, previous to the passage of this statute, the annual per capita cost of clothing was ten dollars and eight cents. During the past year this cost has dropped to eight dollars and seventy-eight cents. The saving must be attributed to more economical

methods and to the further fact that each patient upon his discharge is not permitted to carry away all the clothing which had been furnished at the expense of the county. In some instances it was found that public patients had on hand upward of twelve suits of under and outer clothing. Now, upon the discharge of a patient, the extra clothing which has been provided, and practically is now being paid for by the State, is saved for the use of others — a practice in no wise objectionable.

How great this saving to the public has been is shown by the following comparison:

Utica State Hospital, weekly per capita cost for 1890, four dollars and eighty-three cents; weekly per capita cost for 1891, four dollars and sixty-eight cents; a difference of fifteen cents, which represents an annual saving upon a daily average number of 786 patients of $6,130.80.

Hudson River State Hospital, weekly per capita cost for 1890, five dollars and fifty-eight cents; per capita cost for 1891, five dollars and thirty-three cents; a difference of twenty-five cents, which represents an annual saving upon a daily average number of 733 patients of $9,529.

Middletown State Homœopathic Hospital, weekly per capita cost for 1890, six dollars and three cents; per capita cost for 1891, five dollars; a difference of one dollar and three cents, which represents an annual saving upon a daily average number of 709 patients of $37,973.94.

Buffalo State Hospital, weekly per capita cost for 1890, four dollars and seventy-two cents; per capita cost for 1891, four dollars and fifty-three cents; a difference of nineteen cents, which represents an annual saving upon a daily average number of 509 patients of $5,082.92.

With the present facilities of transportation the differences in the cost of maintenance at the respective State hospitals can not be explained on the ground of locality. Nor can they be accounted for on the ground of any material difference in the standard of care maintained in the several institutions, for that standard varies in no essential particular.

But it is believed that a full reform can not be effected in this direction until either, first, all of the money received by these

hospitals is paid into the State treasury and appropriated by the Legislature, to be expended upon monthly estimates, as is now the case with all other institutions supported by the State; or, second, that no expenditures be made except upon itemized estimates to be approved monthly by the Comptroller.

Either of the foregoing conditions could hardly fail to result in a most important saving. It would enable the chief financial officer of the State to make intelligent comparisons in the cost and necessity of the articles to be furnished and to object in advance to unnecessary expenditures. For example, during the past fiscal year, by reference to the special reports furnished by the State hospitals and to the comparative summary at the end of these reports, it will be seen that the price paid for fresh beef varies in some cases as much as two and a half cents per pound, and that as great or greater differences exist in the price paid for many other articles. It is certain that such variations would attract the attention of the Comptroller, and that proper remedies would be found and applied.

When all of the public insane become a charge upon the State this reform is inevitable, and, therefore, there is no necessity for a postponement of the time when it shall take effect.

But since this statute fixing the uniform price to be charged to counties took effect, appropriations for deficiencies in maintenance have been asked by certain of the State hospitals. While the cost of maintenance has been somewhat reduced, it has not been equalized, and hence these applications for deficiency, in relation to which it is proper that the Commission should state its views.

In the case of the St. Lawrence State Hospital, by reason of its recent organization and the comparatively small number of patients, it is inevitable that a deficiency should exist.

In the Binghamton State Hospital, even under the old system, there has been a deficiency for years. This was made necessary by operation of the former law which required that the price to be charged to counties should be the same as that charged at the Willard State Hospital, which had a much larger population and larger acreage. Necessarily, with half the number of patients and lacking the same facilities, the cost of maintenance would

exceed that of the former institution. Binghamton contains but a small per-centage of patients recently admitted, nearly all of them having been there for three years or over, and thereby coming within the class for which, under the sliding scale of charges established pursuant to the State Care Act and which must be maintained until the State assumes the entire cost of maintenance, only two dollars and fifty cents per week can be received. In consequence, the margin that would be sufficient at other hospitals does not suffice at Binghamton; yet, it is true that since this scale of charges was established, the deficiency at Binghamton is no larger than it was under the former system.

At the last session of the Legislature, of the former so-called "acute" hospitals operating under this sliding scale of prices, a deficiency was asked by the Hudson River State Hospital alone. The Buffalo, the Middletown, and the Utica State Hospitals were able to properly maintain themselves at the prices received. This year an appropriation for deficiency has been again asked in the case of the Hudson River State Hospital. The Commission feels that as to this institution an appropriation for this purpose is unnecessary, as its cost of maintenance is exceptionally high in comparison with Buffalo and Utica, where the amount of land is comparatively limited.

But assuming that a proper standard of care and treatment of the insane should necessitate each year a small appropriation for deficiency, the Commission believes that it would be far better that the present method should continue than that a return to the old system, as earnestly requested by the board of managers of the Hudson River State Hospital, should be had. As pointed out above, the sure consequence of a return to that system would be extravagance and waste.

In any event, whatever deficiencies may arise, they are to be paid out of the State treasury and are a lesser public burden then when, as heretofore, borne by the several counties; in either case the cost must come out of the proceeds of public taxation.

The propriety and equity of each county paying the same per capita sum for the care of its public insane patients would hardly seem to admit of dispute. It was the previous inequality and injustice of the charge to different counties which contributed

much to the causes which at one time threatened to break up the good results already attained and to make necessary a return to the old county care system. No reasons could be advanced which would satisfy these counties of the justice of each particular hospital fixing its own rates to suit its own ideas of its necessities. Moreover, it was not to be wondered at that, seeing the wide discrepencies that existed between a similiar class of State institutions, the counties should conclude that no confidence could be placed in the statements put forth, and that the charges might be excessive, thus adding strength to the belief that the counties might undertake to properly care for their insane at much less rates than those that were paid to the State.

Since the passage of the third State Care Act, and the complete removal of the public insane from some of the counties to State care, it has been clearly shown that the published State Care Act rates at which many county authorities claimed to have cared for their so-called chronic insane were very wide of the mark.

When it is considered that, excepting the counties of New York and Kings, there is but one of the exempted counties (Queens) where the cost of maintenance of the insane and the paupers is not inextricably mixed together, it is not easy to see how any reliable determination of the question of cost could have been given out, much less how anyone could seriously claim, as was done in some cases, that the cost of caring for insane inmates of county poor-houses did not exceed one dollar and fifteen cents per week. The fallacy of this claim may be shown by citing two cases of recent revelation. The insane poor of Clinton and Lewis counties have all been removed to the St. Lawrence State Hospital. On inquiry from reliable sources and after a careful investigation, it was found that, as to Clinton county, the actual per capita cost of maintaining its insane poor prior to removal from the county alms-house was nearly five dollars per week; while as to Lewis county it was two dollars and forty-eight cents per week.

Since the third State Care Act went into partial effect on October 1, 1890, the counties have paid for the support of their public insane in State hospitals according to the rates fixed by the com-

mission, namely, four dollars and twenty-five cents for the first three years of continuous custody and two dollars and fifty cents for any period in excess of that time — these rates to include, as above stated, all items whatsoever that could properly be charged to maintenance. Under the operation of these rates, many counties have claimed that they were paying largely in excess of what they previously paid under the varying rates fixed by the State hospitals, in addition to the "extras" for clothing, breakage, etc. It is rather curious to note, however, that in some instances the State hospitals claim exactly the reverse of this proposition, namely, that they are receiving less income than under the old system. Both allegations can not be true; on one side or the other there must be error. For the purpose of procuring some definite information upon this subject, the Commission addressed the following letter to the treasurer of each county:

[Form 83.]

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

ALBANY, *December* 15, 1891.

To the Treasurer of the County of.....,

..... *N. Y.*

DEAR SIR.— I am directed by the State Commission in Lunacy to respectfully request information upon the following points:

1. What was the total number of insane patients whose care and maintenance was wholly a county charge for the year beginning October 1, 1889, and ending September 30, 1890? What was the total sum paid by your county for the care and maintenance of these patients, including transportation expenses incurred in their removal to State hosptials during that period?

2. What was the total number of insane patients charged for during the year beginning October 1, 1890, and ending September 30, 1891? What was the total sum paid by your county for the care and maintenance of these patients, excluding the transportation expenses incurred in their removal to State hospitals (which have been paid by the State since October 1, 1890), during that period?

I am, very respectfully yours.

T. E. McGARR.

Secretary.

Such returns as have been received — the Commission has no power to compel the furnishing of information by county treasurers — show substantially that no considerable change has taken place; the counties are, as the Commission estimated before the prices were fixed, paying practically the same as they had previously paid. It may be added that in very few cases has the sum now paid been shown to be in excess of that formerly paid, while in very many instances it is materially less.

The third State Care Act, passed in 1890, provided that upon the fulfillment of certain conditions which are contemplated in said act, the State shall assume the entire cost of the support of its insane poor.

It is gratifying to be able to state that this principle is being recognized and followed in other States of the Union.

Pennsylvania, by chapter 133 of the Laws of 1891, made an appropriation for the support of its public insane for the year beginning June 1, 1891, of $850,000, the sum appropriated to be paid the State institutions in quarterly payments.

In Wyoming, chapter 93, of the Laws of 1891, provides that all public patients are to be maintained by a State tax of three-eighths of a mill on all taxable property, this tax to constitute "the fund for the insane."

The State Care Act of this State, chapter 126 of the Laws of 1890, among other things provides as follows:

"§ 7. After sufficient accommodations shall have been provided in State institutions for all the pauper and indigent insane of all the counties of the state, the expense of the custody, care and maintenance, treatment and clothing of pauper and indigent insane patients in state insane asylums shall not be a charge upon any county after the first of October next ensuing, but the cost of the same shall be paid out of the funds provided by the state for the support of the insane. It shall be the duty of the board created in the first section of this act to determine whether the accommodations are sufficient within the purview of this section, and to hold a meeting for the purpose and, if satisfied of the sufficiency of such accommodations, to make and file a certificate to that effect with the comptroller, and send a copy thereof to the managers, trustees and superintendents of each state and county asylum, and to each county superintendent of the poor, and to the clerk of each county in the state, to be filed in his office. Until such certificate is

made and filed the said pauper and indigent insane patients shall continue to be a charge upon the county as under existing laws; provided, however, that after the state shall have been divided into asylum districts, as by the first and second section of this act, the charge shall be the same for all the counties of the state, and shall have been approved by the state commission in lunacy."

"§ 12. The state commission in lunacy shall hereafter furnish the comptroller, on or before the fifteenth day of September in each year, an estimate of the probable number of patients who will become inmates of the respective state asylums during the year beginning October first next ensuing, and the cost of the additional buildings and equipment, if any, which will be required to carry out the provisions of this act. After the certificate as to sufficiency of accommodations shall have been filed, as provided by section 7 of this act, the managers or trustees of each of the state asylums shall, on or before the fifteenth day of September in each year, furnish the comptroller an estimate of the cost of maintaining the probable number of patients who will be inmates of the respective asylums during the year beginning October first next ensuing. On the basis of these estimates the comptroller shall, in his next annual report to the legislature, state his estimate of the amount to be provided for by the state for the support of such insane persons, and for the erection and equipment of such buildings as may be recommended."

No appropriation for the erection of buildings under the State Care Act of 1890, was made until the following year. (Laws of 1891, chapter 91.) The appropriation then made was based upon estimates furnished by the Commission, of the accommodations required for the number of patients who would be in custody January 1, 1892, exclusive of the accommodations which would be furnished out of appropriations already made, and inclusive of the old State Asylum for Insane Criminals, at Auburn, which it was believed would be vacated by or before that time. It was expected that, if the appropriation were made, it would be made in time for the completion of the buildings by that date. The appropriation, however, was made so late in the season, and so much difficulty was experienced under the statute in the preparation and approval of plans, which has been adverted to elsewhere — the statute as well as good faith requiring that these buildings should be erected and furnished

within the cost named in the statute — that the time will have been postponed at least eight months, although it is confidently expected that, with the exception of one or two buildings, all will be ready for occupancy by the 1st of October, 1892, or soon thereafter, and that all of the patients remaining in county institutions will be removed.

From the foregoing, it will readily be seen that the certificate directed to be made could not be filed in time to permit of the estimates being made by the Comptroller, as required in section 12, for the support by the State of the public insane for the year beginning October 1, 1892, because at the time the certificate should have been filed, it could not be determined that "the accommodations are sufficient within the purview of this section" (12). It follows that, strictly within the terms of the statute, the Legislature at its present session will not be required to make an appropriation "for the support of the insane."

The Commission has prepared with much care estimates of the cost of maintenance of the insane poor of all the counties of the State, with the exception of New York and Kings, for the year beginning October 1, 1893. In determining this cost, the estimates have had as their basis the present per capita cost in the State hospitals, exclusive of St. Lawrence, which has a small number of patients and is not fully organized.

The following table shows the weekly per capita cost, the daily average population, and the income for the year ending September 30, 1891.

INSTITUTION.	Weekly per capita cost.	Daily average population.	Total cost.
Utica State Hospital	$4 68	786	$191,280 96
Hudson River State Hospital	5 33	733	203,157 28
Middletown State Homœopathic Hospital	5 00	709	184,340 00
Buffalo State Hospital	4 53	412	119,900 04
Willard State Hospital	2 85	2,055	304,551 00
Binghamton State Hospital	3 71	1,136	219,157 12
Total	....	5,831	$1,222,386 40

At this rate the average yearly per capita cost per patient
$209.63, or $4.03 per week. The income from private patien
during that year was $166,866.52, which must be deduct
from the total of $1,222,386.40, thus reducing the yearly p
capita cost to the State to $195.83, or a weekly per capita c
of three dollars and seventy-seven cents for all patients of t
public class; but it may be assumed that the income from priva
patients will be reduced somewhat. If it is estimated to n
exceed seven dollars per week, or $364 per year, the income to
derived from the daily average population of such private patie
(441) would amount to $160,524, which would raise the yearly p
capita cost slightly, the sum being $197, or a weekly per capi
cost or three dollars and seventy-eight cents.

It is not likely that the number of private patients cared for
State hospitals will fall below the present figure, and as the Sta
may properly admit such cases as can pay a moderate sum f
their own support, seven dollars per week is believed to be a fa
average price to be charged.

The Commission has estimated the per capita cost of mainn
nance at not to exceed three dollars and fifty cents per week
$182, per year, this sum being only fourteen dollars less per annu
than the actual per capita cost at the present time to the Sta
hospitals, after making the deduction for the income from privat
patients, which cost in the State hospitals the Commissio
believes can, without lowering the standard of care and trea
ment, be reduced to the estimated sum. Moreover, it must b
borne in mind that, whenever the State assumes this cost, th
money can only be paid out on monthly estimates and voucher
submitted to and approved by the Comptroller, which cours
can hardly fail to materially lessen the present outlay.

The number of public insane patients to be provided for du
ing the year beginning October 1, 1893, is estimated as follows

On October, 1, 1891, there were in the State hospitals proper
exclusive of the State Asylum for Insane Criminals, 6,96
patients. The average annual increase of the insane, outside o
New York and Kings counties, may be placed at not to excee
200 per year — during the year ending September 30, 1891, th
increase was 159 — but as the appropriation is to cover th

care of all the insane who will be in custody during the year beginning October 1, 1893, the estimated progressive increase for three years must be added to the number in custody October 1, 1891, which equals 300 for the whole period.

There were in the county poor-houses awaiting removal to State hospitals October 1, 1891, 1,215. These insane poor are constantly diminishing in number by discharges and deaths, so that at the time of their removal to State hospitals, October 1, 1892, the number can not possibly exceed 1,175, making the total then in custody 8,436 patients.

But the number to be actually supported by the State will be reduced as follows:

Private patients in State hospitals who pay the cost of more than the cost of their maintenance may be estimated at not less than.. 450

Patients in State hospitals and county-houses on public orders whose maintenance is reimbursed by friends and relatives may be estimated at not less than..... 400

"State patients"—patients who are not a charge upon any particular county, and have been for many years supported by the State, and who should not be provided for in this estimate as this is an entirely new departure..... 60

leaving a total of 7,526 patients. This number, at the estimated cost of $182 per patient, will require an appropriation of $1,369,732.

For the information of those who have not given this subject careful consideration, it may be stated that it is not expected that the State will apportion the exact sum of $182 for each patient in any particular State hospital, but will so apportion it as to provide for the necessities of each with reference to its total acreage, its number of patients, its locality, etc. For example, the cost of maintenance at Willard and Binghamton with their large number of patients and extensive tillable acreage, can not be as great as at some of the other State hospitals. In short, some of these hospitals may require a per capita sum larger than the foregoing average, while at others a smaller sum will suffice. But, properly apportioned, the total sum estimated will be sufficient to comfortably care for and maintain all of the dependent insane.

In connection with this subject reference may properly be made to the subject of patients who nominally are now supported by

the counties, but who really are supported by friends and relatives. The arrangement is made for the purpose of procuring the benefit of low rates charged to counties. Friends and relatives make an arrangement with the superintendent of the poor to reimburse the county, many persons apparently seeing no impropriety in subjecting either their friends or relatives to whatever stigma — and it is to be regretted that any stigma whatever should attach to such unfortunate persons — may come from the fact of these patients being a public charge. Pains have been taken by the Commission to ascertain the number of this class. Returns to inquiries sent out to the various superintendents of the poor in the State, and information derived from other sources satisfy the Commission that 400 is a moderate estimate of the number of such persons. It is believed, however, that under the system of State care, where officers of the State would have no interest in indulging the parsimony and avariciousness of relatives, the number of self-supporting patients would be considerably increased, as means would be taken to discover all such relatives as were able to support their friends,— it is believed there is a considerable number of such — and to compel them to assume the cost of maintenance.

Several important questions arise in considering the matter of support of the insane by direct taxation:

First. What is the present cost to counties supporting their insane by direct appropriations out of the county treasury of each?

Second. What would be the gain or loss to each county, exclusive of New York and Kings, if the support of these insane should be made a direct tax?

The Comptroller informs the Commission that a tax of one mill on the dollar upon the present taxable property of the State would raise a revenue of $3,700,000. Therefore, a tax of 3575-10,000 of a mill would provide the sum required for the support of the insane poor, outside of New York and Kings counties.

The following table shows approximately:

First. The cost to each county, with the exception of New York and Kings counties, under the old system.

Second. The cost under the system of direct tax proposed.
Third. The gain or loss to these counties.

COUNTIES.	Cost by county tax	Cost by State tax.	Gain.	Loss.
Albany	$84,500 00	$35,300 00	$49,150 00	.....
Allegany	12,844 00	5,250 00	7,594 00	.....
Broome	20,111 00	11,250 00	8,861 00	.....
Cattaraugus	13,013 00	6,300 00	6,713 00	.....
Cayuga	25,181 00	10,850 00	14,331 00	.....
Chautauqua	18,928 00	9,450 00	9,478 00	.....
Chemung	19,773 00	7,350 00	12,423 00	.....
Chenango	14,027 00	5,950 00	8,077 00	.....
Clinton	12,168 00	2,450 00	9,718 00	.....
Columbia	19,266 00	8,750 00	10,516 00	.....
Cortland	6,760 00	3,150 00	3,610 00	.....
Delaware	15,210 00	4,550 00	10,660 00	.....
Dutchess	40,898 00	16,450 00	24,448 00	.....
Erie	106,977 00	66,500 00	40,477 00	.....
Essex	7,943 00	3,850 00	4,093 00	.....
Franklin	7,943 00	2,800 00	5,143 00	.....
Fulton	12,168 00	3,150 00	9,018 00	.....
Genesee	6,253 00	6,300 00	.....	$47 00
Greene	9,464 00	4,900 00	4,564 00	.....
Hamilton	1,014 00	350 00	664 00	.....
Herkimer	9,295 00	6,300 00	2,995 00	.....
Jefferson	14,534 00	11,250 00	3,284 00	.....
Lewis	10,478 00	2,450 00	8,028 00	.....
Livingston	11,999 00	8,750 00	3,249 00	.....
Madison	13,858 00	6,650 00	7,208 00	.....
Monroe	68,107 00	45,850 00	22,257 00	.....
Montgomery	18,083 00	9,100 00	8,983 00	.....
Niagara	23,660 00	10,850 00	12,810 00	.....
Oneida	76,050 00	16,800 00	59,250 00	.....
Onondaga	41,743 00	28,000 00	13,743 00	.....
Ontario	19,942 00	11,550 00	8,392 00	.....
Orange	33,462 00	12,950 00	20,512 00	.....
Orleans	5,408 00	5,950 00	.....	542 00
Oswego	25,012 00	8,750 00	16,262 00	.....
Otsego	13,520 00	6,650 00	6,870 00	.....
Putnam	3,887 00	2,450 00	1,437 00	.....
Queens	46,644 00	16,800 00	29,844 00	.....
Rensselaer	61,347 00	28,000 00	33,347 00	.....
Richmond	13,589 00	3,150 00	10,539 00	.....
Rockland	9,802 00	3,850 00	5,952 00	.....
St. Lawrence	18,252 00	11,550 00	6,702 00	.....
Saratoga	20,449 00	7,350 00	13,099 00	.....
Schenectady	9,802 00	4,550 00	5,252 00	.....
Schoharie	9,802 00	4,550 00	5,252 00	.....
Schuyler	7,943 00	2,450 00	5,493 00	.....

COUNTIES.	Cost by county tax	Cost by State tax.	Gain.	Loss.
Seneca	$13,351 00	$5,950 00	$7,401 00	.....
Steuben	25,519 00	10,850 00	14,669 00	.....
Suffolk	21,970 00	5,950 00	16,020 00	.....
Sullivan	10,309 00	1,750 00	8,559 00	.....
Tioga	10,309 00	4,550 00	5,759 00	.....
Tompkins.....	11,830 00	3,500 00	8,330 00	.....
Ulster	35,152 00	6,450 00	28,702 00	.....
Warren	7,605 00	2,800 00	4,805 00	.....
Washington....	10,478 00	5,950 00	4,528 00	.....
Wayne	12,337 00	9,100 00	3,237 00	.....
Westchester....	55,770 00	24,150 00	31,620 00	.....
Wyoming	3,887 00	5,250 00	.....	$1,363 00
Yates	8,957 00	3,850 00	5,107 00	.....

It will be noted that with three exceptions, in which the cost will be a trifle greater, the saving to the interior counties will be enormous, for in round numbers the tax upon the interior counties will amount to but $600,000, while the remainder, $700,000, will be borne by the counties of New York and Kings.

But it must be remembered that the scheme of State care, as outlined in the third State Care Act, of 1890, contemplated the assumption by the State of the entire cost of maintenance of all of its insane poor in all of its counties. This, so far as New York and Kings counties are concerned, may be considered as an uncertain if not remote contingency. As a practical question it is doubtful if the State would ever consent to pay the valuation set upon the property used for the insane in these counties; and if it were willing, there is a strong disinclination in these populous counties to relinquish control of their insane.

But assuming that a general State tax will be made, it is interesting to show in what proportion it will be borne by the several counties of the State and the gain or loss to each.

The following table is prepared on the basis of the State caring for all of the public insane in all of the counties:

COUNTIES.	Cost by county tax.	Cost by State tax.	Gain.	Loss.
Albany	$84,500 00	$70,700 00	$13,800 00	.....
Allegany	12,844 00	10,500 00	2,344 00	.....
Broome	20,111 00	22,500 00	.....	$2,389 00
Cattaraugus	13,013 00	12,600 00	413 00	.....
Cayuga	25,181 00	21,700 00	3,481 00	.....
Chautauqua	18,928 00	18,900 00	28 00	.....
Chemung	19,773 00	14,700 00	5,073 00	.....
Chenango	14,027 00	11,900 00	2,127 00	.....
Clinton	12,168 00	4,900 00	7,268 00	.....
Columbia	19,266 00	17,500 00	1,766 00	.....
Cortland	6,760 00	6,300 00	460 00	.....
Delaware	15,210 00	9,100 00	6,110 00	.....
Dutchess	40,898 00	32,900 00	7,998 00	.....
Erie	106,977 00	133,000 00	.....	26,023 00
Essex	7,943 00	7,700 00	243 00	.....
Franklin	7,943 00	5,600 00	2,343 00	.....
Fulton	12,168 00	6,300 00	5,868 00	.....
Genesee	6,253 00	12,600 00	.....	6,347 00
Greene	9,464 00	9,800 00	.....	336 00
Hamilton	1,014 00	700 00	314 00	.....
Herkimer	9,295 00	12,600 00	.....	3,305 00
Jefferson	14,534 00	22,500 00	.....	8,966 00
Kings	276,274 28	144,330 10	131,944 18	.....
Lewis	10,478 00	4,900 00	5,578 00	.....
Livingston	11,999 00	17,500 00	.....	5,501 00
Madison	13,858 00	13,300 00	558 00	.....
Monroe	68,107 00	91,700 00	.....	23,593 00
Montgomery	18,083 00	18,200 00	.....	117 00
New York	679,990 00	586,877 00	93,113 00	.....
Niagara	23,660 00	21,700 00	1,766 00	.....
Oneida	76,050 00	33,600 00	42,450 00	.....
Onondaga	41,743 00	56,000 00	.....	14,257 00
Ontario	19,942 00	23,100 00	.....	3,158 00
Orange	33,462 00	25,900 00	7,562 00	.....
Orleans	5,408 00	11,900 00	.....	6,492 00
Oswego	25,012 00	17,500 00	7,512 00	.....
Otsego	13,520 00	13,300 00	220 00	.....
Putnam	3,887 00	4,900 00	.....	1,013 00
Queens	46,664 00	33,600 00	13,044 00	.....
Rensselaer	61,347 00	56,000 00	5,347 00	.....
Richmond	13,689 00	6,300 00	7,389 00	.....
Rockland	9,802 00	7,700 00	2,102 00	.....
St. Lawrence	18,252 00	23,100 00	.....	4,848 00
Saratoga	20,449 00	14,700 00	5,799 00	.....
Schenectady	9,802 00	9,100 00	702 00	.....
Schoharie	9,802 00	9,100 00	702 00	.....
Schuyler	7,943 00	4,900 00	3,043 00	.....
Seneca	13,351 00	11,900 00	1,451 00	.....
Steuben	25,519 00	21,700 00	3,819 00	.....

COUNTIES.	Cost by county tax.	Cost by State tax.	Gain.	Loss.
Suffolk	$21,970 00	$11,900 00	$10,070 00	.....
Sullivan	10,309 00	3,500 00	6,809 00	.....
Tioga	10,309 00	9,100 00	1,209 00	.....
Tompkins	11,830 00	7,000 00	4,830 00	.....
Ulster	35,152 00	12,900 00	22,152 00	.....
Warren	7,605 00	5,600 00	2,005 00	.....
Washington	10,478 00	11,900 00	.....	$1,422 00
Wayne	12,337 00	18,200 00	.....	5,863 00
Westchester	55,770 00	48,300 00	7,400 00	.....
Wyoming	3,887 00	10,500 00	.....	6,613 00
Yates	8,957 00	7,700 00	1,257 00	.....

It will be noted that the gain to the interior counties would still be enormous; that in only seventeen of the fifty-eight counties would there be any increase over the present cost, and with two or three exceptions the increase would be slight and upon counties where the increased taxation would be lightly felt.

Among the objections urged to State care of the insane was one substantially to this effect:

That the moment that the State assumed the entire charge of the insane a constant temptation would be furnished to the counties to foist upon the State a large number of persons strictly not insane within the meaning of the statute, such as idiots, imbeciles, epileptics, etc., who would be rejected under the county system. It was pointed out at the time that this objection was not in the least degree tenable. Moreover, that the tendency would be in precisely the opposite direction; that the State through its more perfect methods of scrutiny and its greater independence of action would not only eliminate this entire class, but would exercise more care in the admission of patients than was formerly exercised, by requiring a stricter conformity to the provisions of the statute. But there is still another method by which any possibility of such a result could be effectually met. As illustrating this point, it may be stated that within the past year a superintendent of the poor of one of the interior cities of the State came to the office of the Commission and stated that there were a considerable number of insane persons in his county charged to the county

as a public tax who had friends and relatives who were able to pay for their maintenance, but that such friends and relatives had shirked the responsibility and that the influence brought to bear by these friends was such that he could not successfully contend against it; he earnestly urged that the State, even under the present method, should provide some officer or agent who should look up all such cases, report them, and secure their support by friends or relatives. This superintendent said that an attempt to make any local reform in this direction would be effectually baffled, and it was useless to undertake it; but that the State, acting independently of local influences, could certainly bring about a very decided change. Acting on this suggestion the Commission directed the following circular letter to the boards of managers of the State hospitals:

[Form 61.]

STATE OF NEW YORK:

State Commission in Lunacy,
Albany, N. Y., *June* 24, 1891.

To the Boards of Managers of State Hospitals:

Gentlemen.— The Commission in Lunacy is convinced that at all the State hospitals there are more or less public patients who, while not in condition to be discharged "recovered," may yet be discharged into the custody of relatives or friends or guardians, pursuant to the statute where it reads: "Upon the superintendent's certificate that he or she is harmless and will probably continue so, and not likely to be improved by further treatment;" and it further appearing that in this class of patients there are a number whose personal estate or whose relatives legally responsible for their maintenance are able to defray the cost of such maintenance, and that the aggregate expense of keeping such patients in the several hospitals is a considerable item in the total charge upon the public treasury for supporting its dependent lunatics: therefore, in order to reduce public taxation and to put the burden of support of such patients where, under the statute, it rightly belongs, it is

Recommended, That from the corps of employes some discreet and competent man be appointed as agent of the State for the specific duty of looking up the relatives or legal representatives of any and all public patients who may be supposed to come within the above defined

category; of inquiring personally or by correspondence into the pecuniary circumstances of such patients or of their relatives who may be legally chargeable for their support; and of investigating and ascertaining any facts relating to such patients that may be useful in determining the question of liability for their support. Such agent to report from time to time to the board of managers, who at their next meeting thereafter, may, if satisfied that the facts in the case justify such action, direct the medical superintendent to discharge any one or more of such patients so ascertained to be not a proper public charge into the custody of relatives or legal representatives. Such agent should be required to devote his whole and exclusive attention to the work and to prosecute it with all possible diligence, energy and zeal, and an adequate compensation should be allowed him. The expense to be incurred for this purpose need not be very large, and is reasonably sure to be greatly overbalanced by the saving thereby effected. And if the result shall justify the continuation of the service as a permanency, the Legislature will be asked to appropriate the sum needed to cover the cost.

By the Commission.

T. E. McGARR,
Secretary.

At a conference of the Commission with the managers and superintendents of the State hospitals, held in the city of New York, this matter was discussed, although no action was taken, it apparently being the sense of the hospital representatives that it would be unwise and impolitic to provide for the appointment of such an agent, as it would tend to arouse hostility to the State hospitals. It was suggested, however, that the State should provide by statute for the appointment of one or more general agents of this character. The Commission, while not acquiescing in the views of the managers of the State hospitals relative to this question, sees no impropriety in following the suggestions made. Moreover, it believes that the appointment of such an agent would not only relieve the State and counties from the support of large numbers of persons who properly should be supported by friends and relatives, but that it would materially aid in checking the disposition to shirk family responsibility and put upon municipalities or the State burdens which should be borne by individuals. The Commission therefore recommends that provision be made for such number of agents as may be necessary.

CHAPTER 8.

Transportation of the Insane.

The State Care Act of 1890 provided, among other things, that the maintenance of the insane should include the expense of transportation from their homes to hospitals. The act was somewhat obscure, and a doubt may be entertained in respect to the time when the State should assume the cost of transportation. The matter arose as a practical question, however, when the Commission undertook to transfer the insane poor from poor-houses to the State hospitals. The Attorney-General then decided that the counties could not be compelled to pay the cost of such transportation under the provisions of this act.

The last Legislature, in view of this decision of the Attorney-General, made an appropriation based upon estimates, made as carefully as possible, of the cost of transportation of the insane from their homes and also from poor-houses to State hospitals. The sum of $18,000 was appropriated for this purpose, and was applied, as the law directed, to the payment of all bills incurred from the 1st of October, 1890, when the State Care Act took effect. The fund is now practically exhausted, having paid all bills rendered for the purposes for which it was appropriated for a period of a little over one year.

It will be necessary to make an appropriation for this purpose for the coming year, but experience has shown that it should be somewhat larger than before. During the present year the expense of transporting 1,200 insane from poor-houses alone, will have to be paid from this fund. It should be increased to at least $20,000. This appropriation is expended, as the State Care Act directs, subject to approval in the first instance by the State Commission in Lunacy, and subsequently to the final audit of the Comptroller. All bills are rendered upon forms prepared by the Commission, and especial care has been taken to provide that nothing but the actual expenses of transportation shall be included. The Attorney-General decided that county officers receiving a salary or other stated regular compensation could not receive an

additional compensation for services in accompanying the insane from their homes or from poor-houses to State hospitals.

Complaint has been made in some instances that improper persons may have been designated by superintendents of the poor to accompany the insane to State hospitals. It has been alleged in one instance that a son of a superintendent of the poor, an ex-convict, and a person of dissolute habits, has been regularly employed to accompany the insane of both sexes. The Commission is powerless in this matter, except so far as mere protest is concerned.

It would recommend that the statute be amended so as to provide that the Commission shall have the power to direct, for cause, that any particular person be prohibited from acting as an attendant in such a capacity.

CHAPTER 9.

UNIFICATION OF ACCOUNTS AND RECORDS.

After more than a year of discussion and preparation the Commission finally adopted a system of financial accounts for the exclusive use of the State hospitals and a system of medical forms and records for the use of all institutions for the insane.

In previous reports the Commission has referred at some length to this subject, and has set forth the necessity for a uniform system in order that any intelligible comparison of the financial operations of the institutions, and a like comparison of results as to care and treatment, may be made.

Relative to financial accounts in State hospitals, it is not believed that the changes required by the adoption of these accounts will cause any serious embarrassment, or, if so, it can last but a short time. These forms were adopted after most careful consideration by the Commission and repeated conference with representatives of the State hospitals and the Comptroller. They were formulated under the suggestions of two of the treasurers of State hospitals and with the advice and concurrence of the Comptroller, and embrace substantially the same number of books and forms as are now used; the only conditions imposed by the Commission were that the system should be uniform for all the hospitals, and one which should be

as simple as would be consistent with practical utility and that it should be acceptable to the State Comptroller.

The Comptroller has kindly furnished the Commission with the following copy of the general form of letter sent to presidents of boards of managers and trustees and superintendents of State hospitals:

STATE OF NEW YORK:

Comptroller's Office,
Albany, *December* 4, 1891.

Dear Sir.— The Commission in Lunacy has prepared certain forms of accounts for the use of State hospitals, the same to take effect and be used by your institution from and after October 1, 1891.

These forms of account are approved by this office, and prescribed as the forms to be accepted and followed by all State hospitals in the keeping of accounts, and no other forms of official financial accounts are to be used or kept.

Very respectfully yours.

EDWARD WEMPLE,
Comptroller.

These forms were required to be put in operation on the 1st of October, 1891, previous to which time the Commission issued the following order:

[Form 71.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 17th day of September, 1891.

Present — Carlos F. MacDonald, M. D., *President;* Goodwin Brown, Henry A. Reeves, *Commissioners.*

In the Matter of Providing a Uniform System of Financial Books and Accounts for the Use of State Hospitals.

It having appeared from an examination of the financial books and accounts of the State hospitals and from the statements of the financial officers of said institutions, that great diversity existed in the methods of keeping such accounts; and

It having appeared to the Commission after due consideration and after consultation with the State Comptroller, and upon his advice and approval, that it would be desirable to unify said books and

Explanatory of this order and referred to by it the Commission issued the following circular letter :

[Form 81.]

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

Carlos F. MacDonald, M. D., President; Goodwin Brown, Henry A. Reeves, Commissioners.

SUGGESTIONS IN RELATION TO THE MATTER OF UNIFORM ACCOUNTS FOR STATE HOSPITALS.

UNIFORM ACCOUNTS FOR STATE HOSPITALS.

ALBANY, *December* 1, 1891.

The following circular is transmitted as explanatory of and to be read in connection with the order of the Commission dated September 17, 1891, in the matter of providing a uniform system of financial books and accounts for the use of State hospitals.

Accounts of every description shall be settled monthly only, and cover the last day of the month, and should be presented on or before the fourth of the succeeding month. No goods shall be received without accompanying invoice, and in case the steward makes a purchase and the seller is unable to make an invoice, he is to make one *pro forma* and give it to the accountant to be regularly entered. The steward will take receipts on all bills over one dollar in amount for goods purchased out of "petty cash" and present them (properly numbered) as "subvouchers" with his monthly statement of cash purchases.

In order to provide the steward with "petty cash" for use in small purchases, he should be supplied, from time to time, on his draft, on the treasurer, countersigned by the superintendent, and account for the same as above.

All funds of the institution will pass through the treasurer's hands, be entered on his books and be deposited by him in some bank, to be designated by the comptroller. All disbursements by the treasurer shall be made by checks drawn on such banks, to order of the claimant, and the treasurer is not to accept and hold orders to pay third parties.

Upon the inauguration of State care for the insane, it will be necessary to keep at each hospital a book record of at least as many points as are now kept under the system of pay by counties. For this reason and this purpose forms of book accounts have been prepared as minute in detail as are required under the present system.

With regard to the accounts originating in the "Voucher Journal," especially those under the heading "Analysis," some difficulty may be experienced in the inauguration of this part of the new system, but if the accounts are carefully kept and posted, returns can be made therefrom, annually or oftener, of facts or figures, which will be of the highest importance and which can be gained in no other way.

Book No. 1.

Admission and discharge record.

By means of this record the steward is enabled to post in the patients' board journal the admissions and discharges of patients during the quarter, the original entries being made by the medical staff.

Book No. 2.

Patients' board journal.

The entries made upon this book are those obtained from the admission and discharge record, as stated above. Surnames of patients should be written first. Blank pages to the extent of five times the space occupied by the list first entered should be provided. The capacity of the ledger, however, as compared with the requirements of each hospital must be borne in mind. Upon the discharge of patients their names should be bracketed in red ink.

Form No. 3.

County account.

This form will be made up from the patients' board journal and is self-explanatory.

Book No. 4.

Invoice book.

This is a book in which all invoices should be pasted and indexed after such invoices have been checked as to quantities, prices, goods returned, etc., and corrections (if any) made upon the invoice in red ink, the party supplying goods to be advised of the corrections and alterations made.

This method has been demonstrated to be preferable to filing away loose invoices, and saves the labor of copying the invoices into a book.

Accounts (statements) are to be presented monthly and cover all invoices up to the end of each month. The steward should furnish each party of whom purchases are made with a blank form on which

the account or statement (itemized) is to be made, together with an envelope bearing the printed address of the hospital.

As soon as the statement is received by the accountant (which should be within the first three days of the succeeding month) he is to compare the statement with the invoice book for the month, and if correct give the same a number and enter the statement at length in the first column of the book called "voucher journal."

The maintenance and construction departments should each be supplied with an invoice book.

BOOK NO. 5.

Voucher journal.

The "voucher journal" is to contain the "pay rolls" and all the "statements of accounts" made to the hospital, whether for board, clothing, etc., or for materials furnished or work done, or any other matter for which vouchers have to go to the Comptroller, and all these go through the columns of "analysis" and classification and are posted to the "supply ledger."

In order to close the accounts of dealers furnishing supplies, and who have been credited with the amount of those supplies upon the "accountant's supply ledger," it will be necessary to debit those accounts with the amounts of their respective vouchers, when such vouchers have been audited and passed by the treasurer for payment, the aggregate amount to be credited in a "voucher account," (or "maintenance account" distinct, of course, from the "special fund accounts") which account will represent the total disbursements made by the treasurer on account of those vouchers, the accountant having no other means of liquidating, on his books, these accounts which have been paid by the treasurer.

In entering the "monthly statements" in the "voucher journal" the "general pay roll" (that is, the pay roll containing the names, occupations and wages of the permanent employes) is to be entered first, and take the leading number for that month. This pay roll is subject to analysis the same as other accounts, and is classified as wages.

Next in order should be the special pay roll of temporary employes, classified as last above; then the other "statements" arranged for convenience of analysis and classification as nearly as practicable by subjects.

Once each quarter, namely, on the last month of the quarter, the vouchers for "officer's salaries" should head the list, and the "pay rolls" follow.

In explanation of the purpose of that set of entries contemplated by the heading "analysis" in the "voucher journal" the superintendent

of the hospital, its board of managers, or individual members thereof, and the State Commission in Lunacy may, in order to compare the practice of one hospital with that of another, or all others in regard, for instance, to food used, with respect to its economy or healthfulness, find it very desirable to know at the end of any quarter or year the quantities and prices of different articles, as meat (fresh or salt), pork (fresh or salt), fish (fresh or salt), flour, meal (Indian or oat), coffee, tea, sugar, milk, butter or such other prominent articles as may be agreed upon and named by the Commission to be kept.

This analysis is easily made, if done by the accountant at the time, and posted to the proper account in the "supply ledger" and would give the information by a simple footing without examining back accounts.

Then, if in addition to the staple articles of supply, there be an item called "miscellaneous" which includes all the items in a given "statement" *not* specially named, the footings of the totals under the heading "analysis" would correspond with the footings of the "statements" and of the classifications, and each become a check for the correctness of the other.

Book No. 6.

Supply Ledger.

Is of ordinary ledger ruling, contains postings from No. 5 (voucher journal), showing with reference to pages, etc., the amounts of the purchases from each dealer by name or firm dealt with, and has an account opened with each and all of the classifications required by the Comptroller, such as clothing, provisions and stores, etc.; also memorandum accounts with principal and constantly recurring articles of consumption, as beef, tea, sugar, etc., or any supply which the superintendent or the managers are likely to wish a knowledge of, and added thereto a miscellaneous supply account, which shall cover all articles *not* specially charged by themselves.

The monthly aggregate of each of these three branches of the supply ledger, viz., the individual accounts, the classified accounts and the memorandum "analysis" accounts, shall be alike in the footings, and shall be footed monthly, all the facts (or postings) for each branch being posted from "voucher journal" No. 5, with proper references to pages.

The supply ledger should be a book of three or four hundred pages. About the first half of the book should be devoted to individual accounts and take its postings from the individual column of the voucher journal. As many of these individual accounts will be very short, only two or three items, a large number of names can be

put upon a single page. It may be asked: "Why keep these individual accounts at all?" In answer, it may be said that one of the most common complaints in the past has been that the purchasing agents at some of the State institutions have been very partial in their purchases, and, in some instances, injurious inferences have been drawn. If the individual accounts are kept as proposed, this book will show at a glance the accounts of purchases from a given firm, with prices, etc., and easy comparisons may be made.

The next two-sixths of the supply ledger would be required for keeping the accounts named under the heading of "analysis," and the remaining one-sixth set apart for the accounts, under the heading "classification," in the "voucher journal."

The entries in the supply ledger should state quantities as well as cost, and be entered not in detail but in monthly aggregates, thus saving space and labor.

As before stated, if the work of posting into the supply ledger be carefully done, uniform returns can be furnished by the State hospitals for examination and comparison.

FORM NO. 7 (*a* and *b*).

(*a*) This is simply a modification of the form of vouchers in use in State hospitals at the present time. No restriction is imposed as to the size of sheets, but the printed matter as prescribed must be followed.

(*b*) Vouchers for work done under "special appropriations" should receive numbers distinct from the "general fund" vouchers, and be treated independently in all the accounts and returns as shown by the headings.

Special fund vouchers are to be printed in red, numbered and returned to the Comptroller on the forms provided.

BOOK NO. 8.

Classification of accounts.

This record is kept by the treasurer, and is sufficiently explained by the headings of each column.

It is ruled so as to give the number of each voucher paid, the name of the payee, and the classification of the articles paid for. The classification is entered from this book to the journal, and from thence posted to the ledger and the cash book.

The "abstract of vouchers" required by the State Comptroller at the end of each quarter will be readily made up from the "classification of accounts."

BOOK NO. 9.

Journal.

This is used for keeping in the usual manner the daily transactions with all parties interested.

The cash items of the journal are posted in the cash book and from thence to the ledger by monthly footings. This cash book is the basis of the "Treasurer's monthly financial statement to the auditing committee."

BOOK NO. 10.

Cash book.

This book is made up from the cash transactions of the treasurer.

BOOK NO. 11.

Ledger.

This is the ordinary form of ledger now in use in the offices of hospital treasurers.

The superscription "State of New York" should appear on each left hand page of the journal, cash book and ledger, the title of the institution appearing upon the right hand page.

FORM NO. 12.

Trial balance of ledger.

This form is designed as an exhibit to the auditing committee of all amounts received and expended during the quarter as shown by the ledger.

FORMS NOS. 13, 14 AND 15.

Pay rolls of officers, permanent and temporary employes.

These forms vary only in the matter of classification from those hitherto in use at State hospitals, and need no particular explanation.

FORM NO. 16.

Treasurer's monthly statement to auditing committee.

This embraces a summary and classification of receipts and expenditures under general and special fund accounts, and is fully explained by the headings of the blank.

FORM NO. 17.

Treasurer's quarterly report to auditing committee.

This is identical with form 16, except that the period covered is three months instead of one.

FORM NO. 18.

Treasurer's annual report to auditing committee.

This is identical with forms 16 and 17, except that the period covered is twelve months.

BOOKS NOS. 19, 20 AND 21.

Monthly, quarterly and annual statement.

These are designed to enable hospital treasurers to retain in permanent form copies of their monthly, quarterly and annual reports. The printed matter and ruling on the pages of these books should be identical with the blanks for these statements. Each statement should begin on a left hand page, even should this involve the leaving of one page entirely blank.

BOOK NO. 22.

Matron's requisition book.

This is intended as a permanent record of the monthly requirements of the matron, and should be approved and signed by the superintendent. It should be handed monthly to the accountant, to enable him to make the proper entries upon his records.

BOOK NO. 23.

Supervisor's requisition book.

This is to be treated in the same manner as No. 22.

NOTE.— Under the heading "Maintenance County Patients" will appear the names of such counties as may be assigned to the respective hospitals.

BOOK NO. 24.

Head farmer's journal.

The head farmer's journal or memorandum book is a register of all the products of the farm and garden supplied to the hospital from day to day. A statement of the value of such products so supplied shall be sent monthly to the auditing committee (unnumbered and not as a voucher), which shall be entered by the treasurer on his books by charging the same to provisions and stores, and giving the farm and garden account credit therefor. This entry will not affect the totals for the quarter or year, as the amounts credited to farm and grounds account will be equaled by the charges against provisions and stores.

BOOK NO. 25.

Steward's day book.

This is a register in which is kept an account of all cash received by the steward for the sale of old materials or products. A statement of such sales properly classified, with the cash received therefor, shall be forwarded monthly to the treasurer.

BOOK NO. 26.

Contract book.

In the contract book it is designed to keep in permanent form copies of contracts entered into by the managers for the performance by contractors of general repairs and special improvements in connection with the institution.

BOOK NO. 27.

Report book.

This is intended to relieve the ordinary minute book of the board of trustees or managers from the voluminous reports which are at times made to the board by sub-committees. These reports should be numbered from one forward, and the minutes should refer to such reports in order and by number.

FORMS NOS. 29 AND 30.

Quarterly and annual office reports to the State Commission in Lunacy

These forms are sufficiently described by the printed headings.

FORM NO. 31.

Abstract of general fund vouchers.

Upon this form the Comptroller should be furnished with a complete list of all general fund vouchers audited during the quarter, with classification of same. This information is easily obtainable from the classification of accounts.

BOOK NO. 32.

Single entry ledger for private patients.

The treatment of the private patients' accounts is in brief as follows:

1. Enter the name of each private patient when first received.

2. Charge against the patient all supplies under headings as follows: Board, clothing, damages, postage and miscellaneous.

3. At the end of each quarter (or when a patient leaves, if leaving before the end of a quarter) make out a bill aggregating all charges under the above heads. This having been made out and a copy of same, with the charges classified on the back, for the treasurer, both the original and copy are sent to the treasurer for collection, and if the accountant chooses to close the account against the patient at the end of a quarter, or when the patient leaves, he can do so by crediting the patient the amount of "bill sent the treasurer." That ends the steward's and accountant's duty in that respect, and the treasurer undertakes to secure the payment of the account.

The treasurer on receiving the quarterly batch of the private patients' bills, with copy folded in each, enters in his journal a charge against each patient with a credit to match, *i. e.*, Mary Jones is charged and board, clothing, etc., credited, and instead of rewriting the words board, clothing, etc., after each patient's name, the treasurer should include the whole number of accounts in a table ruled on the face of the journal.

After such entries (which soon get themselves posted into the general ledger) the treasurer should send the original bills to the proper parties, at the same time making the memoranda called for by the printed backing of the "copy," and when the pay comes, credit the patient in the journal and charge cash (which thus goes into the general fund, where it belongs), and completes the memoranda on the copy.

By the Commission: T. E. McGARR,
Secretary.

It is expected, when this system is in full operation, that it will be an easy matter to make intelligible and useful comparisons in respect to the financial operations of the several State hospitals.

The forms of medical and statistical records were fewer in number and applied to each State hospital and to such other institutions for the insane as they might be applicable to. For example, in the smaller licensed private institutions necessarily only a few of such forms would be required, and, therefore, the Commission directed in special instances that only such as were applicable and necessary should be used. The Commission required that these forms should be used on and after October 1, 1891, and in pursuance thereof issued the following order:

[Form 66.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 24th day of June, 1891.

Present — Carlos F. MacDonald, M. D., president; Goodwin Brown, Henry A. Reeves, commissioners.

Ordered:

That the following forms of books and records prepared under the direction of the Commission for the use of State hospitals and other institutions for the care, custody or treatment of the insane be and the same are hereby adopted to take effect October 1, 1891, unless otherwise provided:

No. I. Case book. Size of page, 8½ x 14 inches; index two letters to a leaf; each book to have 420 pages; books to be full bound, Russia ends. Case books will be arranged one for each sex.

No. II. Index book. With key. Size of page, 10 x 14 inches; each book to have 175 pages; each page numbered consecutively from 1; binding full Russia ends. Index books will be arranged one for each sex.

No. III. Admission book. Size of page, 8½ x 14 inches; to have 360 pages; no index or paging; binding to be best full bound ledger. Admission books will be arranged one for each sex.

No. IV. Record of discharges. Size of page, 8½ x 14 inches; to have 360 pages; no index or paging; binding to be best full bound, Russia ends. One volume for each sex.

No. V. Prescription record. Size of page, 8½ x 14 inches; to have 360 pages; index, 26 pages. Binding to be best full Russia ends. One volume for each sex.

No. VI. Autopsy record. Size of page, 8½ x 14 inches; each book to have 420 pages. No division into sexes. To be paged consecutively from 1. No index. Full bound, Russia ends.

No. VII. Burial record. Size of page, 9½ x 12 inches; end opening; to have 200 pages. No division into sexes. No index. Binding, strongest full bound black Morocco.

No. VIII. Physician's daily report. Size of paper 8 x 10½ inches. (Single record.)

Sample sheets of the above-described forms will be furnished upon application.

By the Commission:

[L. S.] T. E. McGARR,
Secretary.

It may be said in regard to these medical and statistical forms, that they were substantially prepared by the superintendent of the St. Lawrence State Hospital; and while it is not claimed that they are perfect, it is believed that they are on the whole practical and suitable for the transcribing of such information as is necessary, but the great merit is their uniformity. The classification of insanity (see table No. 4) was adopted after a conference with hospital superintendents, at which nearly all of the State hospitals were represented. It is designed mainly to secure uniformity in the reports of these institutions, and is in no sense intended to represent the views of individual superintendents respecting forms of insanity, it being, like all other classifications of this disease, open to certain objections from a purely scientific standpoint.

CHAPTER 10.

PRIVATE PATIENTS.

Public sentiment and public sympathy alike recognize the obligation of the State to make suitable provision for the custody, care and treatment of the insane of both the dependent and the semi-dependent classes. Such provision necessarily requires institutions which in construction, organization, equipment, supervision and conduct represent the highest standards that would be prescribed by modern medical science or demanded by enlightened humanity, as essential to the full measure of care and treatment needed by these sorely afflicted members of the community. There is a broad distinction always to be kept in view between poverty and pauperism—a distinction, moreover, which the State should clearly recognize in dealing with its dependent insane, the great majority of whom, while they may be classed

as poor, can not rightfully be considered as paupers. There is also another class, the semi-dependent insane; those whose means would not enable them to meet the minimum cost of private care (ten dollars per week), yet who may be able and willing to contribute something toward their own maintenance. This class may properly be admitted to public hospitals "whenever vacancies exist," there to be supported partly at public expense. But obviously this should not apply to the wealthy class, who are abundantly able to secure such private care and treatment as can now be had in institutions under charge of competent and experienced physicians, licensed by the State and subject to its supervision in the same manner and extent as public hospitals are. The policy of the State to discourage this class from seeking or obtaining public aid should be steadily maintained. It is based on obvious considerations of right and justice to the taxpayers on one hand and to the first-named classes of insane on the other hand. The self-supporting citizen should not be required to maintain those who can pay for their own support, and the accommodations designed and prepared for the dependent or semi-dependent classes should not be occupied by those who are absolutely able to obtain private care.

It may be that in some more advanced stage of public sentiment upon this subject the State will, in view of the dreadful nature of the malady of insanity, enlarge its views and extend its philanthropy so far as to be willing to provide for all insane persons within its borders, irrespective of their pecuniary condition. But, whatever be the strength of reasoning which would justify such a procedure, there can be no doubt that, as at present situated, the indiscriminate admission of private patients to State hospitals offers an incentive to relatives of insane persons, who are pecuniarily able to provide for their care and treatment and who are morally and oftentimes legally liable for their support, to evade this responsibility. Instances of such evasion have been brought to the notice of the Commission where the facts were palpable and unmistakable; and doubtless many other cases occur where the legal liability is evaded by taking advantage of technicalities and loopholes in the law or in the methods of procedure. That

an abuse in this particular is possible and that abuses of
nature are actual, the Commission has had occasion to k
With the shaping of the law that governs this matter it has
nothing to do; its own function and duty are simply to see, s
as practicable, that the law is enforced and that the State's i
tutions founded and maintained for the benefit of dependen
semi-dependent insane be not diverted to the benefit of those
can pay for their maintenance in private asylums.

In its second annual report the Commission stated at
length its views upon this subject, and since that time it has
no occasion to modify them in any essential particular. Br
it may repeat that it regards the reception of private patien
State hospitals, which were primarily established as charit
institutions for the use of the dependent and semi-depen
insane, as unjust to the State and in its practical effects a w
to the class for whom these hospitals were designed.

It may be freely admitted, however, and to this the Commis
takes no exception, that no serious evil is likely to come fro
admission of patients whose means will not permit them to p
sum much in excess of the actual cost of their care and m
tenance, say five or six dollars per week. Of course, this
will not need any greater amount of room than is accorde
public insane patients, nor will it require any extra atte
or care.

It is conceded by all who have given attention to the
ject that the admission of private patients to State hospitals
the insane should be surrounded by all proper safeguard
order to prevent abuses incident to the unrestricted use of t
institutions. But it is an exceedingly difficult thing to deter
what these restrictions should be. It would be impracticabl
base them on the amount of space occupied, for the size of ro
in these institutions varies so greatly that that would be cle
impracticable. The only feasible solution of the difficulty see
to be to fix a maximum price which private patients should
permitted to pay, a sum somewhat in excess of the cost of m
tenance but not sufficiently so to justify the managers of S
hospitals in giving up more than one room for the use of a si
patient or in providing the exclusive services of an attend

when not absolutely required by the patient's condition. For the purpose, however, of obtaining the views of the managers and superintendents of the State hospitals upon this and other subjects the Commission called a conference of the trustees, managers and superintendents, which was held in the city of New York on July 14, 1891.

After a very full discussion of the subject, the following resolution was offered:

"*Resolved*, That it is the sense of this meeting that the State hospitals should be permitted to receive private patients from any part of the State without restriction, the rate not to exceed ten dollars per week."

The vote on the resolution was as follows, each hospital being restricted to one vote:

In favor — Binghamton State Hospital, Buffalo State Hospital, St. Lawrence State Hospital, Rochester State Hospital, Utica State Hospital, Willard State Hospital.

Middletown State Hospital declined to vote.

The Hudson River State Hospital was not represented, but the superintendent and one of the managers subsequently informed the Commission that they were heartily in favor of the resolution as adopted.

The Commission would, therefore, earnestly recommend that the statute be amended so as to provide for the admission of private patients at a rate not to exceed the sum mentioned in the foregoing resolution, and that no extra expense whatever should be required or allowed.

CHAPTER 11.

Pathology in State Hospitals.

This subject was referred to in the last report of the Commission, in which its views were freely expressed. During the session of the Legislature of 1891 the subject came up for discussion in committee, previous to which time, in conformity to the Commission's report, it had been substantially agreed that a pathological department should be established for the use and benefit of the entire State hospital system, and to that end a bill was reported

providing for the appointment of such a special pathologist. be appointed by the Commission after a special civil serv examination; such pathologist to have his office and laborat in the Utica State Hospital.

During the past year the medical superintendent of the Ut State Hospital has demurred somewhat to the proposition t that hospital should be specifically named; involving, as feared it would, the consequence that the compensation such official should be made a charge upon the funds that institution. The Commission feels the force of objection, and it would, therefore, recommend that such office created, to be located at some State hospital to be determi from time to time by the Commission, according as the locat shall be deemed best adapted to the needs of all State hospit

It may be stated that the statute now provides for a spe pathologist at both the St. Lawrence and Utica State hospit Clearly it is not necessary that two should be employed. Mo over, the services of a fully competent pathologist could not procured and retained for any desirable length of time, exc upon the payment of a reasonably competent salary, and it wo be an unnecessary expense to provide for more than one su office with its attendant laboratory and equipment.

The Commission would, therefore, renew the recomm dation that provision be made for a special pathologist the use of all the State hospitals, to be appointed by t Commission — obviously, it would be objectionable that t appointment should be made by any particular local boa of managers — and that he should receive such compensation would secure the devotion of his entire time to the service of t State.

CHAPTER 12.

INSANE IN COUNTY POOR-HOUSES.

Even after all of the insane shall have been removed from t county poor-houses, there will still remain a considerable numb who, while at the time when the others were transferred th may not have been insane within the meaning of the statute, m

ultimately become so, and the keepers not possessing medical knowledge might permit such insane to remain, and thus in time there might grow up in a small way a revival of the old county system. Moreover, where the services of certain insane inmates of the county-houses are valuable for various purposes, evidence has not been wanting of a great reluctance to have them removed to State hospitals. Several such instances have been brought to the attention of the Commission.

As a means of preventing a recurrence of this evil, it is recommended that some provision be made in the statute for an annual examination of the inmates of the poor-houses of the State by properly qualified examiners in lunacy, in order to determine the existence of such persons, and, if any be found, to secure their removal to State hospitals. It is hoped that by the 1st of October, 1892, the State will be finally rid of this most wretched system, and it certainly is desirable that no opportunity be left for its revival.

CHAPTER 13.

By-laws, Rules and Regulations.

In endeavoring to understand the system of government of the State hospitals, one of the most difficult parts to comprehend and apply is the by-laws and rules and regulations. Conceding that each institution should have its own by-laws and rules and regulations, then it certainly may be affirmed that that system has reached as high a development in the State of New York as in any other part of the civilized world, for nowhere can more contradictions be found. But no one will seriously pretend that it is desirable that each institution should, without let or hindrance, be permitted to exercise its untrammeled wishes in such a matter, for to those who are required to exercise supervision, to public officers generally, and to citizens of the State who desire to understand the system, not less than to citizens of other States, to officers and employes, the whole is most embarrassingly confusing. The tendency of modern times is towards unity and uniformity, and

it would seem that there could be no reasonable ground for exception in this instance.

At the conference held by and between the members of the Commission and the trustees, managers and superintendents of the State hospitals in New York on July 14, 1891, among other things considered was "the adoption of a uniform system of rules and regulations for the internal government of State hospitals."

After a full discussion of the necessity of the establishment of uniform rules and regulations, a committee was appointed to prepare suitable rules and regulations, which committee should report at the meeting of the managers and superintendents in Binghamton in October last. At this meeting in Binghamton the whole matter was deferred until some date in the future, pending the action of the present Legislature.

CHAPTER 14.

PRELIMINARY DETENTION OF AND REMOVAL TO ASYLUM OF PUBLIC INSANE.

The preliminary detention of insane patients and the removal of the same from their homes to institutions for care and treatment is a matter that has given rise to much serious consideration and considerable legislation. It is still in a condition far from satisfactory, and the Commission believes that very important improvements might be made. A person becoming suddenly and dangerously insane frequently must be removed at once from his home for the better protection of himself and his family, but it is not always practicable to remove him to an institution at once. He must undergo an examination to determine whether he is insane within the meaning of the statute. It must be determined to what class of patients he belongs, poor, indigent or self-supporting. It is necessary that he should be provided with proper clothing, and arrangements must be made for his reception. All these matters require time, and, in the meantime, the question arises where shall the patient be detained, pending the determination of these questions.

Under the system at present prevailing in all the counties of the State, with the exception of New York and

Kings, the indigent insane and large numbers of those whose friends pay for their support are taken in charge of the town or county superintendent of the poor, who makes the preparatory arrangements, secures the medical examiners, provides clothing and attendants to accompany the patient to the hospital or asylum; and pending all these arrangements, if the patient is too disturbed to remain at home, he is taken in most instances to the poor-house or to the county jail or town lock-up and kept there until the medical examination can be had and the other arrangements be completed. This practice the Commission believes is unworthy of the State. It should be condemned and its discontinuance secured by appropriate legislation, so that the insane poor and those supported wholly or partly by the public, as for example, those upon orders of indigence, should be kept entirely apart from the paupers who are maintained at public expense either in the poor-house or as subjects of out-door relief and should not be put into any legal or custodial relations with town overseers or county superintendents of the poor, who, as a rule, have had no practical experience in dealing with disease of any kind, certainly not with insanity, and whose official functions relate primarily and almost exclusively to the care and custody of paupers. It may be unfortunate that it should be so, but nevertheless in the public mind a certain ignominy and degradation does attach to the latter class; and it is lamentable that persons who become insane, in most cases through no fault of their own, should be classed with and placed amidst the degrading surroundings of the real pauper in poor-houses. This remark applies in a large majority of instances, for of those who become insane very few are true paupers. They are mostly self-respecting people, who, but for this unfortunate malady, would be self-sustaining, or, at least, would be sustained and cared for by friends, and in no wise could they be regarded as under the taint of pauperism.

From the earliest times it has been unfortunate, that the care and treatment of the insane, large numbers of whom, from the hour when they were deprived of reason, could no longer provide for themselves, should be associated in the public mind with pauperism, and even sometimes with crime. But for this association

some of the worst evils manifest a half century ago in the treatment of the insane might never have existed; and, but for this continuing misconception by the general public of the wide distinction between indigent insane and paupers, some bad features in the present system of managing insane persons would disappear. Hence, in order that any measure of real reform in this direction may be obtained, it is of prime importance that there shall be an entire separation, legal, moral and actual, between the insane as a class and all other classes of the State's dependent citizens. Into the problem of caring for the insane in the most humanitarian, and at the same time the most truly economical, way, the poor-house and the adjuncts of pauperism should not be allowed to enter as an appreciable factor. But, if the poor-house, town lock-up and the county jail are eliminated from this question, some other place of detention must be provided for purposes of observation and examination. In the city of New York this difficulty has been met by providing what is known as a receiving pavilion for the detention and examination of persons whose conduct or condition require them to be placed under control, pending a determination of their mental condition. This receiving pavilion is under the charge of a trained physician, supplied with all the modern facilities of a hospital, and persons brought there for examination are cared for by experienced and skilled nurses; there patients may remain for a period of several days until their mental condition can be determined; there they are provided with proper clothing, facilities for bathing, and proper medical care and attendance until the final disposition of the case.

It is pertinent to ask why a receiving pavilion should not be established in all other counties of the State where, more than in the city of New York, such a place of detention is necessary. In most of the interior counties of the State there is not even a hospital or any place of detention for this class of people. Distances are great; the difficulty of procuring medical examination is often considerable; and the whole matter is surrounded with serious embarrassments. But, if a receiving pavilion were provided, to be located, for example, at the county seat, and to include a small, inexpensive structure, properly cared for by a matron and

one or two experienced attendants and supplied with proper facilities, these difficulties would largely disappear. When a person becomes violently insane and dangerous, he could be removed at once to this pavilion and there cared for, at least until his mental condition could be legally determined. He could, as the law requires, be placed in a condition of bodily cleanliness, which in many cases is now extremely difficult of fulfillment; he could be given proper clothing, and the danger of introducing contagious and infectious diseases and vermin into hospitals for the insane, which is possible under the present methods, could be entirely obviated.

It should not be forgotten that in each county a jail is considered necessary, even for the detention of persons awaiting trial and imprisonment, and for small offenders, although in some counties the number of such offenders is not large, yet to look after them the law provides a sheriff and several public functionaries, including a physician, as well as a more or less costly and extensive structure for a jail. The question naturally arises why should not a special officer be provided by statute, to be designated superintendent of insane or some other appropriate title, who shall have the sole charge of cases of lunacy prior to admission to a hospital. Even for this the necessity could be obviated by a very simple change in the statute whereby in the case of a person becoming insane his relatives or friends might, or, in the case of an insane person found wandering at large, peace officers should apply to the county judge, special county judge, or surrogate, for the necessary order of detention. The judge could direct that the person be examined, could determine at the same time the question of his maintenance, whether it should be public, indigent or private, and in the order give the necessary directions for compliance with the terms of the statute. Actually, now, when any insane person is committed to a hospital one of the officers above named is required to approve a medical certificate of lunacy prior to the admission of the patient, and the officer's duties would not be materially increased in determining the other questions referred to.

The Commission would therefore recommend that the Legislature provide for the erection of suitable places of detention, to be

known as a receiving pavilion in each county of the State, with the exception of the county of New York; that the statute be amended so as to provide either for a special officer in each county, to be appointed by the county judge, subject to approval of the Commission, to have the preliminary charge of such insane, or for taking from the superintendent of the poor and placing upon some judicial officer the duty of determining the questions which relate to the commitment of any insane person.

CHAPTER 15.

APPROPRIATIONS.

For the convenience of the Legislature all of the general and special appropriations for the State hospital system are given under this chapter, but special attention is respectfully directed to chapter 3. Enlargement of State hospitals (pp. 208–217), and to chapter 7. Maintenance (pp. 226–252). Under these chapters respectively are discussed the necessity for additional accommodations for the insane, as required by the annual increase each year, and the deficency in the maintenance of certain of the State hospitals.

As the necessity for most of these special appropriations requested by the State hospital managers and trustees will require a great deal of oral explanation before the committees in any event, and as a written statement without being voluminous beyond all reasonable bounds would scarcely cover the ground, the necessities for these items will not here be discussed.

The Commission is prepared, however, when requested, to submit its views on the propriety of each separate item.

Appropriation for general purposes.

For expenditures which may be incurred in the transportation of the insane poor from their homes and from county poor-houses to the State hospitals, including the services of female attendants for female patients, pursuant to the provisions of chapter 126 of the Laws of 1890	$20,000 00

STATE HOSPITALS.

Utica State Hospital.

Land, 300 acres at $200 per acre	$60,000 00
Rearrangement of dining-rooms	8,000 00
New building for lumber shed, painters' and masons' supplies, fire apparatus, etc	7,500 00
Hook and ladder truck	525 00
Fire walls	1,500 00
Fire-proof staircase, 3, 8, 12, 5 and 9, male department,	2,000 00
Fire-proof ceilings, 5, 8 and 9, male department	1,000 00
Water supply (ten-inch pipe to replace old six-inch pipe),	4,800 00
New covered cistern ($5,500) and repairs to old ($300)	5,800 00
New tin roofing	2,000 00
Cornices and gutters, laundry and pump-room building,	800 00
Repairs to three wards, male department	1,500 00
New wood-work, ward 8, male department	1,800 00
Extension of wash-house	590 00
New machinery for wash-house	2,200 00
Addition to piggery	2,000 00
Fences	1,485 00
Stone walks	1,500 00
Portable engine	450 00
Pipe and bolt machine	425 00
Thirty-seven inch band saw	170 00
Repairs to shafting and friction clutches	1,500 00
Steam indicator	75 00
Electrical night-clock (additions, alterations and repairs),	300 00
Water-closet and urinal	200 00
Medical library, shelving	850 00
Medical library, fire-proof ceiling	80 00
Electrical department, repairs	250 00
Electrical department, new dynamo, 225 lights	500 00
New approach to assembly hall	400 00
New scenery and costumes for theatre	325 00
Total	$110,525 00

Middletown State Homœopathic Hospital.

New buildings for male patients	$75,000 00
Four cottages	24,000 00
Addition to boiler-house	3,000 00



New railroad trestle, and change of alignment	$2,500 00
Carriages and horses for the use of patients	1,000 00
Salary for another assistant physician	1,500 00
Kitchen ware	1,000 00
Salary of woman physician	1,200 00
Painting exterior of wood-work of three buildings	1,800 00
Carpets and furniture to replace worn-out articles	4,000 00
For postage and stationery	2,000 00
For fire-escapes	25,000 00
Total	$142,000 00

HUDSON RIVER STATE HOSPITAL.

For deficiency in maintenance	$57,502 15
For repairs, concreting and paving reservoir	1,500 00
For additional farm land	10,000 00
For additional fire protection	10,000 00
For mortuary	4,000 00
For renewal of plumbing, wards 4 and 8	6,500 00
For boiler for steam heating	3,000 00
For horse stable and wagon-house, storage-room for hay, and for vegetable cellar	12,000 00
For repairs to steam plant and steam engine	2,500 00
For painting of all of the buildings	2,500 00
For furniture	1,500 00
For general renewals, repairs and betterments	12,000 00
For books and pictures	1,000 00
For electric-light plant	9,000 00
For additional water supply	30,000 00
For building for emergency cases (thirty beds)	20,000 00
For extension of women's division, to accommodate 120 patients	150,000 00
Total	$333,002 15

BUFFALO STATE HOSPITAL.

For the erection of ward building of stone on the westerly side of the one recently constructed, in pursuance of the original plan of the hospital, as approved by the State officers, to accommodate 200 patients	$200,000 00

For erection of kitchen, bakery, with quarters for thirty-two employes, with equipment of kitchen, bakery, furnishing rooms and constructing connecting corridor to the proposed new ward building	$35,000 00
For installing electric-light plant and fixtures for the whole hospital	16,000 00
	$251,000 00

Willard State Hospital.

(No appropriations required.)

Binghamton State Hospital.

For an electric plant	$15,000 00
Steel ceilings	4,000 00
Improvements to steward's cottage	700 00
Furniture for wards	5,000 00
Green-house	2,000 00
For purchase of Bowen house, and three acres of land and pastures	1,600 00
For grouting basement of north building	600 00
Plastering outside of stone wall of east building with Portland cement	300 00
For stone flagging for walks	1,000 00
For repairs and grouting stables for sixty head of cattle and horses, and repairing basement walls at Phelps farm	600 00
For rebuilding silo and home barn	150 00
For portable engine for threshing and cutting ensilage	500 00
For motor for running sewing machines in tailor shop	200 00
For engine for pumping water at Phelps and Barlow farms	300 00
For three hot-water generators	1,350 00
For cottage for engineer at water-works	1,500 00
For building new crib at river	500 00
For shed for housing dry lumber	550 00
For covering for steam pipe	2,000 00
For fire-escape at north end of Ogden building	500 00
For deficiency in maintenance	30,000 00
	$68,350 00

ST. LAWRENCE STATE HOSPITAL.

Completing central group.

Erecting and inclosing convalescent cottage, east	$50,400 00
Finishing convalescent cottage, east	26,250 00
Erecting and inclosing convalescent cottage, west	48,000 00
Finishing convalescent cottage, west	24,000 00
Erecting and finishing two circular corridors	14,200 00
Erecting and finishing two corridors	8,000 00
Completing steam heating	26,200 00
Plumbing	10,550 00
Completing conduits connecting dining-rooms and kitchen	3,000 00
Painting and decorating	3,500 00
Electric lighting and fixtures	9,000 00
	$259,850 00

Completing infirmary group No. 1.

Erecting and finishing two buildings adjoining dining-rooms	59,010 00

Completing group No. 3.

Finishing	$67,260 00	
Conduit from boiler-house to group No. 3.	6,070 00	
Steam heating	40,000 00	
Electric lighting and fixtures	8,000 00	
Painting and decorating walls	5,000 00	
		126,330 00
Erecting and finishing building for employes		42,600 00
Erecting and finishing recreation building.		47,550 00
Erecting and finishing conservatory		5,000 00
Erecting and finishing mortuary		5,542 00
Completing superintendent's cottege		5,000 00
Completing horse barn		5,000 00
Cleaning out basement		800 00
		$550,682 00
Two detached buildings for infirmary group No. 1, increase the above amount		47,722 50

It may be stated with some certainty that the managers of this institution will request appropriations for the following purposes:

Seventy-five cows, silo, additions to old barns	1,600 00

For farm stock and utensils	$4,500 00
For books and instruments	2,000 00
For deficiency in maintenance	30,000 00
	$642,504 50

Rochester State Hospital.

For an administrative building	$30,000 00
For accommodations for 200 patients	110,000 00
For boiler-house and placing of boilers	8,700 00
For three fire-escapes	2,480 00
For the erection of two four-story additions for outside closets, lavatories, bath-rooms and clothes-closets	17,500 00
For deficiency in maintenance, estimated	10,000 00
Total	$179,680 00

It will thus be observed that a total sum of $1,727,061.65 has been asked for. This sum might properly be divided into two parts: First, for the erection of additional accommodations for the insane, $1,191,404.50; second, for repairs, renewals, betterments and for maintenance, $535,657.15.

CHAPTER 16.

State Care of the Insane.

In 1836 the first State Care Act was passed, the acts supplementary thereto being considered as the original act, which provided for the establishment of the New York State Lunatic Asylum. By the establishment of that institution the principle of State care was recognized in contradistinction to the principle of town or county care. The establishment of this institution deserves to be held memorable, for it was a veritable new departure in the State's policy toward its dependent insane, putting into concrete substance the principle, theretofore an abstraction in New York, that by caring for and treating insane patients out of the amplitude of its own resources, better results at less aggregate cost could be secured, than any town or county or other municipality could be expected to secure. Less than

thirty years previous to that time, in another department of government, the State had recognized a similar principle in providing State prisons for its convicts, as it had been clearly seen that the town and county penal system was a failure. Conceding in local affairs all that may properly be claimed for the paramount principle of local self-government, there are interests with which only the superior powers and resources of the State can cope. The debate over the question of State care for the insane, now happily buried among the issues of the past seems to have attracted the minds of many people as to a new and unworn topic, while in fact the doctrine or principle it presents was declared and embodied in statutory enactment nearly half a century ago, and again in 1865 by the passage of the second State Care Act the principle was reaffirmed in the establishment of the Willard State Hospital; although weighed by what seems to be the best judgment of the present day, the basis on which that institution was founded, a legal recognition of the possibility of determining that at some definite period certain of the insane are incurable, this idea being expressed in the statute by the word "chronic," is untenable.

It is worthy of note here that the opponents of the great principle of State care for all of the insane have endeavored to cast ridicule upon it by gravely asserting that cases of "chronic" or "incurable" insanity can not be prevented and it is idle to talk of abolishing it, as if anyone could seriously assert that the force of law, however great, could change the nature or affect the conditions of so serious a disease. It has also been urged that the words "chronic" and "incurable" do not mean the same thing. In a medical sense, this may be freely admitted, but, nevertheless, for all practical purposes, their common and popular signification is the same. The statutes have frequently used them in that way. The law establishing the Binghamton State Hospital did this specifically in its corporate title which was the "Binghamton Asylum for the Chronic Insane." No one can seriously pretend that it was and is not well understood that both the Willard and Binghamton State Asylums (Hospitals) were established primarily and exclusively for that class of the insane, a class supposed to be beyond the hope of recovery. Both of

these institutions were by law confined to the reception of chronic cases and within the spirit of the law neither could receive those commonly declared to be "recent" or "acute" and synonymously supposed to be curable cases.

In its last annual report the Commission, when commenting upon the establishment of the Willard State Hospital, referred to this particular point, and stated substantially what it here reiterates, that the principle upon which the institution was founded was wrong, and it expressed its satisfaction that Willard now, in common with all other State hospitals, treats all of its insane patients with reference to their curability. It was not intended, as some friends of that institution seem to think, to cast any reflection upon its management, or upon the zeal and ability which its early friends displayed in its behalf, or upon the good work done during its operation, for while established upon a wrong principle, it clearly served a most useful purpose in bringing about the ultimate triumph of State care. The only trouble was that it did not go far enough.

It is curious to note that the only reason given for attempting forcibly to divide the insane by law and practice in the two classes was a pitifully strained plea for economy, viz.: the presumable saving which might be effected upon the assumption that the insane who were believed to be beyond cure might need less medical attendance, possibly a less generous diet, less diversion and amusements, less of all other comforts and enjoyments which go to make life bearable to this unfortunate class, doomed to long continued periods of deprivation of liberty. At best for all practical purposes, with any given number of patients, the saving would be scarcely appreciable. Persons who have been insane for a number of years, and whose chances of recovery appear to be slight, require as much care from a hospital point of view, except perhaps in the matter of medication which is not an important item of cost, as those who have recently become insane. Granting that by proper classification and the removal of quiet, harmless cases and of those whose disease have been of long standing, an actual saving in attendance, in cost of medical care, etc., might be effected, it would be too small to deserve serious consideration.

But if the only objection to such a discrimination was that one-half of the States' dependent insane — at the time of the passage of the State Care Act in 1890, about one-half of the whole number were confined in so-called "chronic" asylums — would thereby be deprived of a little extra diet, a little extra medical treatment, a little personal attention, the matter could be dismissed as of not very serious consequences, for it could hardly be disputed that inmates of "chronic" State asylums, while necessarily denied some advantages enjoyed by the inmates of the "acute" asylums, yet were comfortably housed, fed, clothed and cared for, and were spared the infliction of even the least of the evils inseparable from the county system. The Commission desires to reiterate that both Willard and Binghamton, under the operation of the old system, supplied to their inmates substantially all the comforts which the State was expected to provide. The real hardship lay, not in the deprivation of certain things which were regarded as desirable for the other half of the insane population outside of New York and Kings counties, but in the infliction of a most positive and cruel wrong and of needless sufferings upon a class of unfortunates who should have been spared these things by the State. It lay in the inhuman declaration of the law which said, in the case of the dependent insane — the Commission has yet to learn of such an instance in the case of an inmate of a State institution supported by himself or friends — who had been in custody for only a few months, or, at longest, rarely more than a year or two, that his chance for recovery was gone, and that with large numbers of his fellows he must be removed to an institution which was by law declared to be for the "chronic" or "incurable." It does not help the matter to say that those insane so removed from the possibilities of recovery would not recover, for that is a question which it is not possible in any case to positively determine. Let the public consider how persons suffering from ordinary diseases would regard treatment of this character, to be publicly abandoned by law to incurability. And all for what? For the saving of an inconsiderable sum. How mean, poor and small all this seems when looked at in the light of the needless suffering involved in it.

Should the humblest resident in the State be denied any possible opportunity of recovery from such a frightful malady? It is a travesty on reason and justice to remove one of this class from under the influences which favor recovery, at the end of some arbitrary period, three months, six months or a year. In a neighboring State, which is acting on this principle, the limit by law is fixed at one year.

It having been publicly denied, with some show of resentment, that such suffering was inflicted, or that patients objected to being transferred to institutions established on the "chronic" or "incurable" basis, the Commission has been asked to furnish evidence on this point.

The following letters will be found exceedingly interesting to those who have given attention to this subject. They are entirely fair and conservative in their tone, and throw a powerful sidelight on the evils of the old system. The letter of Dr. Blumer, in particular, while extremely circumspect and conservative and evidently written in a spirit of the utmost fairness, is an interesting and remarkable commentary on the system.

Dr. Judson B. Andrews, the present superintendent of the Buffalo State Hospital, who for many years was the first assistant physician at the Utica State Hospital, writing under date December thirty-first, says:

"A large number of patients were removed from the acute asylums without any knowledge of their destination. There remains in my mind a general impression that in some cases there was a dislike expressed to being sent to the chronic asylums on the ground that their condition was considered incurable, and that these would be their permanent homes. I can not recall specific instances."

Dr. G. Alder Blumer, the present medical superintendent of the Utica State Hospital and formerly an assistant physician in that institution, writes under date of January twenty-sixth, as follows:

"While it is undoubtedly true that in some instances objection to transfer has been made, there is not fixed in my memory the case of any particular patient who based such objection on the implied hopelessness of his or her recovery. I have questioned the matron and the male and female supervisors, neither of whom is able to name to

me any such particular patient, although the first and the last of these officials both recall the occasional occurrence of displeasure and protest. Such cases were necessarily of rare occurrence, for the reason that the great bulk of the patients for transfer had become reduced to such a state mentally, as to be incapable of any emotion of which strenuous objection could be predicated. And when such feeling was manifested, I believe an analysis of its grounds would have disclosed other additional factors, such, for instance, as greater distance from relatives, changed conditions in regard to diet and general surroundings, the severance of ties, etc., although the prospect of lifelong detention may have been the paramount consideration. There is another reason why, in the nature of things, such cases were few in number, namely, that the medical officers of the institution in some instances and the county authorities in others not infrequently discriminated in favor of certain patients whose feelings were likely to be wounded by such transfer, notwithstanding the fact of established chronicity. Expediency was thus permitted to supersede a strict construction of the two-years' rule, and there are in the hospital to-day not a few patients in whose behalf, under the sanction of authorities here or elsewhere, such a policy of forbearance and intercession was allowed to operate. In other words, it must be frankly admitted, the officers were oftentimes too glad to avail themselves of the opportunity of making a choice as to which patients should be declared chonic and in so far suitable cases for Willard or Binghamton. In this discrimination the good offices and co-operation of influential friends and superintendents of the poor have been sought and obtained. At times, moreover, the friends of patients have paid the difference between the cost of care at Willard and Binghamton and that at Utica, in order that the patient might continue at this institution. It is not surprising, under these circumstances, that I can recall no specific instance of strenuous objection on the part of the patient, growing out of implied hopelessness as regards recovery.

"In regard to the allegation that patients have been kept in ignorance of the fact that they were to be transferred to Willard and Binghamton, I would say that the county officials were by no means solely responsible for this state of affairs when it existed. As already stated, the great bulk of transfers were too demented to appreciate the situation in any way, but in some cases there was a disposition on the part of the officers of this hospital to connive at silence and subterfuge on the part of the attendants with reference to the destination of the patients to be transferred. This was done to avoid, not so much a scene, as to promote a ready response to preparations for the journey.

Moreover, the knowledge that such patients were about to be transferred had, for obvious reasons, a disquieting influence over other patients."

Dr. Walter Kempster, a physician of large experience in the care and treatment of the insane, and for many years an assistant physician at the Utica State Hospital, wrote under date of January twenty-ninth, as follows:

"During my connection with the State Lunatic Asylum at Utica, many of the patients were transferred to the Willard asylum as 'chronic' or 'incurable' cases. Pending the selection of such cases for transfer all knowledge of the proposed change was kept from the patients as long as possible, because of the unpleasant effect it produced on them when known, and to relieve the officers from the piteous appeals made to them, to intercede in their behalf and prevent them from going to Willard. Whether they were correct or not, they certainly regarded that institution as one which marked them as incurable, and from which there was no release until death ended their sufferings.

"It is difficult for me to recall the names of individuals who protested and begged that they might not be sent there, but there were many such.

"Upon one occasion it became my duty to accompany a party who were transferred from Utica to Willard, and I shall never forget the trip, which was surely a journey of sorrowing to them. When we left the train to take sleighs for the asylum, the overtures of several of the patients attracted the attention of bystanders to whom they protested and begged for assistance that they might be kept from going where they believed they were to be regarded as hopeless. It was not uncommon for patients to declare that they would much rather go to the county-house than to be taken to the Willard asylum, because they looked upon it as an institution which branded them as 'incurable' and from which they could never return to their homes.

"The attitude of the late Dr. John P. Gray toward the principle of caring for chronic cases of insanity in separate institutions did not admit of doubt. His position upon this subject was one of unqualified opposition to such separation. From the time such a proposition was first made relative to the insane of New York until the day of his death, he opposed it at all times and in all places; in lectures, in scientific articles, in conversation, he denounced the proposition in terms that left no doubt in the minds of those who listened to him,

or read his articles, of his earnestness in combating a principle which he believed to be wrong, unscientific and inhumane. The position now taken by the State of New York in making provision for all the insane in State institutions is the very one he contended for, and to accomplish which he devoted his time and talents and for which he was always a most zealous advocate.

"Concerning my own views upon this very important subject, permit me to say that after an experience of more than twenty-one years in the care and treatment of the insane, I am convinced that the policy now in such successful practice in New York is the correct one. State care in State institutions, and affording provision for both acute and chronic cases in the same institution and under the same management, is, in my judgment, the best possible method, securing proper oversight, judicious treatment and humane care for all, at a minimum expenditure of the public funds.

"The so-called 'Wisconsin plan' does not meet the conditions which an enlighted people demand; and sooner or later will be supplanted by some such management as the great State of New York has wisely adopted, and which I believe to be just and right."

Dr. T. S. Armstrong, the late superintendent of the Binghamton State Hospital, in his annual report to the Legislature for 1888, referred to the necessity of changing the name of the institution from the "Binghamton Asylum for the Chronic Insane" to the "Binghamton Asylum for the Insane," and stated as follows:

"Many patients coming to this institution get the idea that they are incurable (as many of them are), and that they must remain here so long as they live. This idea becomes intensified from the fact that it is called an 'asylum for the chronic insane.' They construe the corporate word 'chronic' as synonymous with incurable.

"To them it blots out all future prospects of recovery, and of a return to their home and friends. The mental, moral and physical effect of this is most unfortunate. In view of the above results, will it not be humane to have a bill introduced into the Legislature this winter to amend section first (1st) of chapter two hundred and eighty (280) of the Laws of 1879, by striking out the word 'chronic,' so that the incorporate name shall read: 'The Binghamton Asylum for the Insane?' We are unable to see how such an amendment would do injury or injustice to any one, or materially detract from the original object of the institution."

Evidences upon this point might be multiplied. It is believed, however, that by the passage of the third State Care Act this great evil has finally terminated, and that it never will return to the State of New York to trouble the unfortunates who might otherwise be subjected to its baneful influences.

The agitation for a complete fulfillment of the early promise of 1836 by the passage during that year of the first State Care Act, which promise was only partially redeemed in 1865 by the passage of the second State Care Act, was kept up by philanthropic and patriotic citizens until finally the State by the passage in 1890 of the third State Care Act, which as its title clearly shows —"An Act to promote the care and curative treatment of the pauper and indigent insane"— breathed alike the spirit of philanthropy and of the soundest principles of good government, fully committed itself to the most enlightened of modern views.

This act, which was passed April 15, 1890, required the State Commission in Lunacy "to forthwith cause the removal to such asylum, or asylums, from some one or more of the counties of the district to which said asylum has been assigned under the provisions of this act, as many pauper and indigent insane patients as can be accommodated."

It will thus be observed that no discretion is vested in the Commission. Patients must be transferred as fast as room is obtained. At the time of the passage of this act there were in the county poor-houses of the State 2,188 insane patients.

The following statement shows the number of transfers, deaths and discharges of these patients to the 1st of October, 1891:

	Number transferred.	Number discharged by judges.	Number died.
April 15, 1890, to October 1, 1890	45	54	47
October 1, 1890, to October 1, 1891	576	113	101
Total.....	671	167	148

Only one county (Queens) attempted to nullify the State Care Act by refusing to transfer such of its insane as were ordered to be transferred by the Commission. This county declining to

comply with the orders of the Commission, a suit was begun against it in behalf of the State by the Attorney-General, which was determined in favor of the State by a Special Term of the Supreme Court, An appeal, however, has been taken by the county, which is now pending, but there is little doubt that the judgment of the court below will be sustained in all things.*

At the last session of the Legislature the State provided accommodations for at least 827 patients, by an appropriation of $454,850, which sum together with appropriations already available and the proposed use of the old State asylum at Auburn where 250 patients could be accommodated, was designed to provide for all the insane in the county poor-houses to the 1st of January, 1892, the date upon which it was expected that all of the buildings necessary to be erected would be completed; and thus triumphantly crown the grand work begun nearly half a century ago.

As soon as practicable after the appropriation of this money work was begun. Difficulties were experienced in some cases in procuring the submission of plans which would be acceptable to the board charged by the statute with their approval as a security that the buildings would be erected and furnished within the sum appropriated. These difficulties were finally overcome, and it is confidently believed that all the buildings will be ready for occupancy before the 1st of October, 1893.

While the act required that accommodations should be provided for not less than 827 patients, the Commission is gratified to be able to state that not only has the expense involved in the preparation and approval of the plans and the conduct of the business incidental to the work been paid, but that accommodations are assured for 850, a number considerably in excess of the strict requirements of the appropriation act and at a cost within the sum appropriated.

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* Since this report was prepared, the General Term of the Supreme Court of the Second Department has handed down a decision affirming the judgment of the Special Term in all things. The following is a quotation from this opinion:

"The technical objections to the proceedings of the relators which led up to the order for the transfer of the fifty-nine patients are entirely destitute of foundation. The requirements of the law received full compliance and the order was justified by its provisions."

The act making the appropriation made a provisional allotment of the accommodations to be provided at the different State hospitals as follows:

Buffalo State Hospital	150
Utica State Hospital	150
Middletown State Homœopathic Hospital	200
Hudson River State Hospital	200
Binghamton State Hospital	127
Total	827

Difficulties were experienced in the assignment of accommodations for patients at the Buffalo State Hospital, which may be briefly summarized as follows:

The act creating the Buffalo State Hospital provided for the adoption of plans adequate to the completion of the institution in its entirety. These plans were to be submitted to certain State officers for approval. That course was pursued, and the plans were formally approved. Subsequently, however, after the institution had been partly completed, its managers attempted to erect buildings of a less expensive character. As a result the parties having the original contracts sued for damages and obtained a favorable judgment. Therefore, the managers were confronted with the certainty that, if they proceeded to erect such buildings as the State Care Act contemplates, upon the grounds of the Buffalo State Hospital, suits would probably be immediately instituted for damages, which would prevent the completion of the buildings within the terms of the act making the appropriation. This view was sustained by the Attorney-General of the State, who advised that the sum allotted to the Buffalo State Hospital should not be expended at that institution. Thereupon the board for the establishment of State insane asylum districts, constituted under the State Care Act, consisting of the three State Commissioners in Lunacy, the Comptroller and the president of the State Board of Charities, exercising the discretion implied in the act, decided to reapportion the sum originally set apart for the Buffalo State Hospital between the Utica and Hudson River State Hospitals.

In this place it may be proper to call attention to the fact, which seems to have been overlooked by many persons in giving consideration to the subject, that, the State having been divided into districts, it was found that accommodations in some districts were not sufficient for the number of cases of certified insane in those districts, while in others the extent of accommodations was greatly in excess of the number of such cases. The statute, however, wisely provides that transfers may be made from one institution to another when the accommodations at one State hospital are insufficient for the patients in its district; the patients in excess may be transferred to other State hospitals where accommodations exist, thus equalizing the proportion of patients to accommodations for the entire insane population of the State.

The third State Care Act, of 1890, exempted the counties of New York, Kings and Monroe from its operation for the reason, frequently stated, that for many years these counties had conducted hospitals for the care of all of their insane without reference to the duration of the malady. The statute, however, provides that either of these counties may obtain the benefit of the State Care Act, on condition that they accept such valuation of the property as may be put upon it by the board for the establishment of State insane asylum districts. One of these counties —Monroe—has already availed itself of the provisions of the law. This county complied with the terms of the act and formally offered its property to the State at an exceedingly low valuation, namely $50,000, for lands and buildings that were fairly worth $175,000. The Legislature at its last session passed an appropriate act providing that on the 1st day of July, 1891, the Monroe County Asylum should cease to exist, and creating the Rochester State Hospital in its stead.

The act of the Legislature organizing the Rochester State Hospital followed somewhat different lines than were followed in the previous organization of State hospitals. Among other things, it provided that the board of managers should report to the State Commission in Lunacy instead of to the Legislature and that the salaries of the resident officers should be approved by the Commission.

The hospital was formerly organized as a State hospital for the insane on the first day of July last, and is now conducted upon substantially the same basis as the other State hospitals.

The establishment of the Rochester State Hospital necessitated, by the requirements of the statute, that a district should be assigned to it. Owing to the fact that it was already filled to its utmost capacity with patients from Monroe county, the board for the establishment of State insane asylum districts assigned only the county of Monroe as a district, with the further advantage at the time of not disturbing the other State hospital districts that had been established on the 1st of October, 1890.

It is likely, however, upon a redistricting of the State and with increased accommodations at this institution, that other counties will be assigned to the Rochester State Hospital.

The Commission in its last report recommended as one of the measures for expediting the consummation of the intent of the State Care Act, that the old State Asylum for Insane Criminals at Auburn be converted into a State hospital, as it could easily accommodate 250 patients, and by comparatively small additions this number could be nearly doubled. The buildings are in a good state of repair, its pleasure grounds are beautiful and attractive, and well protected from intrusion; and being fully furnished and equipped, it would be available for immediate occupation. There is some popular misapprehension respecting the nature of this institution, to the effect that it is closely identified with, or rather a part of, the Auburn State prison. This is not the case, either as to location or structural connection. It was organized in 1859 as an entirely separate and distinct institution, and has so remained. The misconception referred to possibly grew up from the fact that its premises adjoin those of the Auburn State prison, though they are entirely separated by a high wall. The State, more as a matter of convenience and economy than for any other reason, thus located this institution. The new State Asylum for Insane Criminals, at Matteawan, is now practically ready for occupancy, and it is likely that early in the spring all of the present inmates of the Auburn institution will be transferred thereto.

In pursuance of the recommendation of the Commission a bill was introduced in the last session of the Legislature converting this property at Auburn into a State hospital. The bill passed the Assembly, but owing to the dead-lock in the Senate it failed to pass that body and so did not become a law. The Commission is informed that a similar bill has been introduced into the present Legislature, and it trusts that it will become a law. In fact, if this institution is not converted into a State hospital, it will probably become necessary for the Legislature, in order to fully carry out the State Care Act, to appropriate an additional sum at the per capita cost of $550 for 250 patients, as the State Care project contemplated the use of this institution for that purpose.

At the same session of the Legislature, namely, in 1890, by which the State Care Act was passed, an act was passed providing as follows:

AN ACT to provide for the appraising of lands purchased, and buildings erected by the counties for asylum purposes.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

"SECTION 1. In any case where a county, other than New York, Kings or Monroe, has erected a building or buildings to be used solely as a county asylum for the insane, or has purchased real estate for the purpose of erecting such a building, and has been permitted to so use the same either by act of the legislature or authorization from the state board of charities, the value of said real estate, or of said building or buildings, and the land upon which it or they stand, shall be appraised by a commission to consist of the comptroller, the state engineer and surveyor, and the president of the state board of charities, who are hereby created a commission for that purpose, and the comptroller is hereby authorized and directed, subject to the approval of the legislature, to accept the title to the same on behalf of the state in case the board of supervisors of the county elects to sell the same to the state at such appraised value.

"§ 2. The sum of three thousand dollars, or so much thereof as may be necessary, is hereby appropriated for carrying out the provisions of this act.

"§ 3. This act shall take effect immediately."

It will be observed that by the terms of this act no provision has been made for the utilization by the State of the property so

obtained. In fact, with perhaps one or two exceptions, so far as the insane are concerned, it could not be available for any purpose. So far only three counties, Erie, Ulster and Oneida, have made application to the commission thus created, for the appraisal of their property, The board has appraised the property as follows:

Erie county, 500 acres, $50,000.

Just previous to the passage of the State Care Act, the Erie county board of supervisors purchased a large tract of land, known as the Collins farm, situated about thirty miles from the city of Buffalo, for the purpose of establishing a new county institution, and had procured a special act of the Legislature for that purpose. The county, however, was not exempted from the operations of the State Care Act, and therefore this land, although purchased for asylum purposes, remained unused by the county, hence the county applied to the commission for its appraisal with a view to its sale to the State. It should be borne in mind that this purchase does not involve any other property used by Erie county for the accommodation of its insane.

Oneida county, 150 acres, $104,000.

Ulster county, fifteen acres, $30,000.

Thus far none of this property has been purchased by the State, although the spirit and intent of the act binds the State in good faith to accept and pay for all the property that may be offered in accordance with the terms of the act. It is not likely, however, that much more will be offered to the State, for in most instances both lands and buildings are needed by the counties for the proper care of the poor, as existing accommodations are largely deficient.

As before remarked, one of the great advantages offered by the State Care Act was the provision made for the transfer of patients from one institution to another. Experience shows that the friends of patients eagerly avail themselves of this provision, as when a family moves from the locality of one institution to that of another. The great object in view, however, was the means which it offers to equalize accommodations in the different State hospitals. The selection of the site of these institutions having been largely determined by local considerations and their construction having proceeded as funds could be obtained by the

local boards, some of whom have been exceptionally successful while others were unfortunate, these institutions have grown up without much reference to the needs of the State as a whole. Consequently some are overcrowded in comparison with others. Under the State Care Act, all this difficulty can be readily obviated, since a considerable proportion of patients have neither friends nor relatives who either visit or care for them, and now that all of the State hospitals are conducted on a curative basis, the question where patients may be located is a matter of smaller concern to themselves or to their friends. When the buildings now provided for under the State Care Act are completed, transfers can be made so that all of the institutions will receive their proper quota of patients.

Some complaint has been made of the State Care Act in this: that it prevented a freedom of choice on the part of patients; that it restricted patients to a hospital within a certain district. It is true that the State Care Act provided that a patient might go beyond the limits of a district, whenever he desired the treatment of any particular hospital, provided that the friends of the patient were willing to pay the expense of transportation beyond the limits of such district, and with the consent of the superintendent of the hospital and the president of the State Commission in Lunacy. The number of applications under the provisions of this act has been exceedingly small. During the past year only twelve applications were made, all of which were promptly granted. It is, however, a source of annoyance and trouble both to the Commission and to patients, relatives and friends. While the Commission believes that the principle of setting aside a district to each hospital is wise, it also believes that the statute should be modified so that the judge committing a patient to a hospital should determine the question whether the patient should go beyond the limits of the district — whether, in effect, he should have the treatment of a hospital outside the district in which he lived. This is a matter which should be determined at the time of commitment, and there is no necessity of referring the question to two officials, who might disagree. While in practice the matter is shown not to have been important, judging from the number of persons who have made

applications for transfer, it is proper that the restrictions should be removed by the amendment proposed.

The State now pays for the transportation of the dependent insane from their homes to State hospitals; hence it is important that districts should be established in order that patients should not be sent to a distant hospital through mere caprice or the whims of a superintendent of the poor or of friends who may ask such removal at great expense to the State and the infliction upon the patient of needless hardship from travel. If it were not for this fact, districts might safely be abolished, and the matter left to regulate itself. The Commission believes, however, that difficulties upon this point, above noted, would arise, and, therefore, that the system of assigning a district to each hospital should continue.

The present act provides that the board for the establishment of State insane asylum districts shall assign a certain number of patients to a district, and that the districts assigned should conform to the requirements of the hospital. This statute should be amended for the reason that it is practically impossible, owing to the fluctuations of population, to assign a definite number of patients to a hospital, and also because the State hospitals having mostly been located without reference to the needs of the whole State, it would be difficult in some cases to assign a district. For example, the Willard State Hospital, in round numbers, contains accommodations for 2,100 patients. Practically it is impossible to establish for it a district having patients enough to fill it, without depriving other hospitals situated in that part of the State of patients enough to keep them filled. The act should be amended so as to provide that districts shall be established having reference to the capacity of each hospital, its locality, and the whole hospital system of the State. This is entirely feasible by reason of the system of transfers which is provided for in the State Care Act.



PART II.

EXEMPTED COUNTY SYSTEM.

CHAPTER 17.

NEW YORK CITY ASYLUMS.

New York city and county from an early period has been permitted by the State to care for all its insane, both acute and chronic. It organized its institutions on the basis of caring for all alike, and at no time has the distinguishing terms "acute" and "chronic" as applied to its insane been legally recognized. Its asylum system now consists of four divisions or departments; one each on Blackwell's, Ward's and Hart's islands, and one at Central Islip, L. I., about forty-four miles distant by rail from New York city. These institutions comprise collectively the New York city asylums for insane, and are an integral part of the department of public charities and corrections of New York city, and are under the general control of the commissioners of charities and corrections. Their management is intrusted to a general superintendent, appointed by the commissioners, who is the executive and administrative officer and physician in chief and is responsible for their conduct and condition. In addition to this each institution is under the immediate charge of a medical superintendent of special training and experience, who is subordinate to the general superintendent.

In no asylum in the State is responsibility so concentrated as in the New York city asylum system. At no point in this system is responsibility divided, and since this concentration of responsibility has existed, the improvement in the operation of the system has been most marked and gratifying. The general superintendent is practically given the unrestricted choice of his immediate subordinates, including the medical superintendents. These in turn exercise the power of appointment and dismissal of their subordinate

officers, subject to approval of the general superintendent. Moreover, all of the officers and attendants are required to pass a special civil service examination before appointment.

The Commission has had little occasion to exercise its prerogatives in these institutions. The administration and discipline are in the main up to a high standard of excellence. The proportion of physicians to patients is greater than that in other institutions of the State, and a medical officer is on duty at night in each of the principal institutions. There are, however, certain defects in the New York city asylum system which the Commission believes should be corrected at the earliest possible day. These are, the unsuitable character of certain of the buildings and the dangerous overcrowding of all of the buildings on Ward's, Blackwell's and Hart's islands.

While the claim that asylums are overcrowded is frequently made throughout the State, the Commission is of the opinion that, relatively speaking, it does not exist to any alarming extent except in the institutions for the insane in the city of New York and in Kings county. In the New York institutions it is most pronounced. The general superintendent has urgently called attention to it in his official reports, deploring its existence and appealing for relief, but thus far without avail. The Commission also called early attention to it in its notes of visitation and recommended that relief be granted.

The difficulty in the way of correcting this evil appears to lie in the fact that the commissioners of charities and corrections are not supplied by the proper authorities with a sufficient sum of money for the purpose. New York city in this respect has failed to keep pace with the increasing demands for provision for her insane wards, and the result has been that needs in this direction have become so large as to seem excessive, and appropriations have accordingly been denied altogether or reduced to a sum far below the original amount required. The levying of taxes is a matter over which the commissioners of charities and corrections have no control. All they can do is to make the best use they can of the sum set apart for their department by the board of estimate and apportionment.

During the past year the Commission has had several interviews with members of the board of commission of charities and corrections and the general superintendent of the New York city asylums, with a view to securing the means of relief, as it possessed no power to compel the erection of buildings. After careful consideration of the situation in all its aspects, the Commission addressed the following communication to the board of estimate and apportionment as an expression of its views on the necessities of these institutions:

[Form 85.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

ALBANY, *November* 17, 1891.

HON. HUGH J. GRANT, *Mayor and Chairman of the Board of Estimate and Apportionment, New York City:*

SIR.— Impelled by an imperative sense of duty, the State Commission in Lunacy, which is charged with the administration of the lunacy laws of the State and with general supervision of the welfare of the insane, would respectfully call the attention of your honorable board to the urgent need of providing more and better accommodations for the dependent insane of the city and county of New York. While the Commission is satisfied from personal observations that the commissioners of charities and correction and the general superintendent of the New York city asylums for the insane, who are officially charged with the custody and care of the dependent insane of New York city, are faithful and efficient in the discharge of their several duties to a most commendable degree, it is deeply impressed by the fact that they are subject to great embarrassment and discouragement owing to the lack of certain essential requirements and facilities without which they are unable to maintain the management of the institutions for the insane committed to their care on the standard of efficiency which medical science and humanity would dictate, and for which the Commission believes that early provision should be made.

The most serious evils of the present situation are:

1. The great and most deplorable overcrowding of the inmates of all the institutions for the insane on Blackwell's, Ward's and Hart's islands.

2. The dilapidated condition of certain buildings, especially the old wooden pavilions on Blackwell's and Hart's islands, which have long since passed the stage of usefulness and are now in such a state of decay as to render them not only unfit but unsafe for human habita-

tion, calls for prompt action. In proof of this may be cited the so-called pavilions on Hart's island, constructed of hemlock boards, which were erected during the late war as temporary barracks for the sheltering of soldiers. These buildings, together with several of the wooden structures on Blackwell's island, which were erected over a quarter of a century ago, could not be regarded as suitable buildings for the insane, even were they in good repair; with all their marked defects, however, they are overcrowded to a most dangerous degree, the beds being placed so close together on either side as to leave absolutely no space between them, in many instances, thus compelling the patients to crawl in over the foot of the bed when retiring; the central aisle or space between the rows of beds on either side, moreover, is also extremely limited and yet it necessarily serves as day room, being the only indoor space available for patients during the day. In addition to this, the dining-rooms, the bath-rooms, lavatories, water-closets, etc., of the buildings referred to are in a marked state of dilapidation and decay, and there is a great lack of suitable furniture, while the service rooms are practically destitute of modern sanitary appliances and fixtures.

The general superintendent in his annual report, under date of January 1, 1891, very properly and forcibly remarks, and the Commission is in full accord therewith, that —

"The fact remains, then, that the number of insane for whom your department has to provide is to-day greater by over 200 than it was a year since. There exists the other fact that provision has not been made in the way of buildings for the increase, still less for any reduction of the extreme overcrowding which has resulted from similar increase in years back, and from similar omission to provide for it by enlarging existing buildings or by adding to their number.

"But one actual addition to the capacity of the asylum buildings has been completed during the year, the new pavilion upon Harts' island, with a capacity, fairly estimated, of 250 beds. It is, however, better able to bear an assignment of 300 beds than are many of the older buildings to bear the assingment, gradually resulting from the chronic overcrowding, made to them, and 300 beds it accordingly contains. This would appear to offset the gain of the year of 221 patients, and even slightly to relieve the accrued overcrowding of years past, but when it is remembered that the lodge, so-called, at Blackwell's island, so long condemned, was finally abandoned, and shelter, such as it was, for 120 patients, so lost, it will be seen that the year closes with a net gain in the number of patients, and no net gain in the space available for their accommodation."

In view of the foregoing the Commission feels that it would be recreant to its duty if it failed to recommend an immediate appropriation for the erection of suitable buildings, especially to take the place of the old buildings on Hart's and Blackwell's islands. The Commission would also commend most earnestly the project of a colony extension of the city's admirable insane establishment at Central Islip, and it respectfully urges the enlargement of the plant at that place as speedily as possible, as a sure means of relief from the great and growing evil of overcrowding. If the accommodations there provided were doubled or trebled, or even quadrupled, while the relief so obtained would be most important and beneficial, the cost might be very moderate.

The per capita allowance for maintenance of the insane at these institutions should be increased by at least fifty cents per week. It should always be borne in mind that these inmates represent all classes in the community and come from every walk in life; that the great majority of them were industrious, respectable and self-supporting citizens before they were overtaken by the affliction of insanity; that they are not paupers in any proper sense and ought not to be so regarded, but on the contrary they are entitled as of right to greater consideration and better treatment than is deserved by or accorded to the true pauper, thus maintaining the proper distinction between poverty and pauperism. The Commission is assured by the officers of the department, and believes of its own knowledge, that such an increase in the weekly per capita allowance for maintenance, especially as applied to dietary, clothing and other prime items of daily necessity, would materially help to bring the standard of care and treatment in these particulars up to that which now obtains in the State hospitals. In point of administrative ability, medical skill and the industrial occupation of their inmates, the Commission is glad to repeat its belief that the New York city institutions for the insane are already fully on a level with any of the State hospitals in this or other States. The great defects in your present system are the want of comfortable and sufficient buildings to properly house the insane, of suitable furniture and of a comparatively small increase in their maintenance fund so as to better secure their physical welfare. With these two wants supplied, the city of New York will have taken a long stride in advance toward the high and humane ground of proper and ample provision for its dependent insane. And, in our judgment, it should not be deterred from taking this step, by any apprehension of unduly increased taxation. The expense of providing such buildings as are needed, especially at Central Islip, and of replacing the wooden structures on the island by brick ones, while they ought in any

event to be constructed as a measure in line with the highest impulse of humanity, need not be so large as to form any formidable objection to entering upon the work with the least possible delay. The money required, if it be held that such permanent improvements as these ought not to be paid out of the proceeds of current taxation, but should be borne in part by the generations that are to share their advantages, could readily be obtained by an issue of bonds, for which the rightful authority would be granted on application to the Legislature. Such moneys, and all others appropriated to the use of the commissioners of charities and correction for the benefit of the insane asylums, should be specifically set apart for that purpose and not be liable to be diverted to any other use.

Without assuming to give detailed information concerning the needs of the several institutions for the insane and idiotic under the charge of the commissioners of charities and correction, the welfare of which is largely dependent on your action, and disclaiming any desire to exceed the limit of legal authority, we feel it incumbent on us to again urge, with all the emphasis which official propriety permits, that liberal and early action be taken to meet the pressing want of enlarged accommodations in the way of new buildings at Central Islip and of brick pavilions to replace the unfit wooden buildings on Hart's and Blackwell's islands, together with a reasonable increase in the per capita allowance for maintenance.

In conclusion, should you desire it, the Commission, or a representative thereof, would gladly appear before your honorable board, for the purpose of considering in detail the matters herein referred to.

With great respect.

CARLOS F. MACDONALD, M. D., *President.*
GOODWIN BROWN,
HENRY A. REEVES,
Commissioners.

For the current year it appears that, while some agitation looking toward a correction of the evils has been had, no definite action has been taken, and the attention of the Legislature is respecfully called to the necessity of legislation upon this point.

The Commission believes that the number of dependent insane now in the New York city asylums, being nearly 6,000, is sufficiently large to require the separation of the insane from

the other public charities and corrections. If provision could be made at Ward's island and at Central Islip for all of the city's insane of both sexes, and the institutions at Blackwell's and Hart's islands now occupied by insane be given up to other uses, of which the department of charities and corrections has need, it would be greatly to the advantage of the insane, as under the present arrangement the intermingling of the interests of the insane, of the paupers and of the criminals has a tendency to reduce the social status of all to one level in public estimation, as well as in the matter of provision for their maintenance. It has frequently been pointed out by the Commission and by others who have given the matter attention that the dependent and semi-dependent insane should not be confounded with non-insane dependents — the true pauper who rarely becomes insane — and yet there is such a confusion of interests and of the status of these several classes that many people in the city of New York fail, as to its great charities, to make this just distinction; hence in their minds the industrious and self-supporting person who has become insane, is often regarded as a pauper and not entitled to any better care and treatment than the ordinary pauper gets.

Instances are not wanting where insane persons, or their friends for them, have objected to going to the "island" because it is associated in their minds with the work-house and the penitentiary, and to the minds of many the department of charities and corrections represent the alms-house and the penitentiary as much as it does the asylum.

Moreover such a separation of the insane from the other interests of the department would tend to insure the expenditure for their benefit of all moneys appropriated for that purpose.

CHAPTER 18.

Kings County Asylums.

Kings county for a great many years has been permitted by the State to care for all of its insane, both acute and chronic. Its asylums were very properly organized on the basis of caring for all without reference to the duration of their disease, that is,

as to whether it was acute or chronic. More than any other county in the State it represents in its county institutions the good and bad results of the system of county care for the insane, for the asylums of New York county are, strictly speaking, under the government of New York city. In fact, New York city and county are coterminus in area, and in governmental relation the last relics of the county government have completely disappeared within the last twenty-five years; and in consequence the institutions of that city and county have received the benefit which comes from a more concentrated responsibility. Not so with Kings county, however.

The asylum system of Kings county consists of the institution at Flatbush, which contains 488 men and 857 women, and the county farm at Kings Park, or St. Johnland, in Suffolk county, forty-four miles distant from the city of Brooklyn.

In so far as financial interests are concerned, the county farm is the largest of the two county institutions. It has 828 acres, and its estimated cost to this time has been $2,429,422.11. It contains 357 men and 324 women.

The governmental system of the Kings county institutions consists of a general superintendent, who, at the date of this report, has general charge, at least nominally, of the two institutions. Subject to him, theoretically, are the medical superintendents of the Flatbush and St. Johnland asylums, respectively. The general superintendent, however, is appointed by the commissioners of charities and corrections of Kings county, who likewise have jurisdiction over the general hospital, alms-house, etc., of the county. Unlike the New York city institutions, the general superintendent has been restricted in the power of appointment and discharge of all subordinates, these functions having been exercised absolutely, while not perhaps theoretically, by the board of commissioners of charities and corrections.

A vast deal of criticism and complaint has from time to time been made against the Kings county institutions, both as regards the medical and moral treatment of patients and the general conduct of these institutions. Of St. Johnland the criticism has

been particularly severe, but at this time the Commission does not feel called upon to pass judgment upon that institution except as to the medical and moral treatment there given.

It is a matter which specially concerns the county of Kings, and if the financial affairs of that department have been badly managed, the Commission is of opinion that the remedy lies with the people of the locality, the chief concern of the Commission being given to the care and treatment of the insane.

The Commission, from a time soon after its organization, gave its attention to the management of the Kings county institutions; it was very much dissatisfied with their conduct, and it early made recommendations, which, if carried out, would have silenced the voice of criticism. It found, however, at the end of the year that these recommendations had not been carried out in any substantial or important particular. The glaring fault of the institution was the fact of divided responsibility, it being claimed by the general superintendent and the medical officers that they practically had little or no control in the selection, appointment or discharge of any of the subordinate employes; while, on the other hand, the commissioners of charities and correction claimed that, while they formally made the appointments and discharges, they were really governed by the action of the superintendents. The Commission, finding that affairs did not mend, had a protracted conference with the commissioners of charities and correction of the city of Brooklyn in the early summer, when the whole ground of its recommendations was gone over and the needs of the institutions were carefully discussed. At this conference the commissioners denied most of the allegations made, and agreed to give careful consideration to the recommendations and to carry out certain of the reforms proposed. The ultimate outcome of this conference was not satisfactory. Complaints continued to be made by individuals and in the public press until in the latter part of December matters had reached such a serious state that the Commission felt that it could no longer in justice to the insane, to the public and to itself, defer enforcing what remedies lay within its power. To this end it

determined upon a public investigation, and the Attorney-General, as required by the statute, assigned a counsel to aid in conducting the investigation. A preliminary examination was had in which, however, no witnesses were examined except the general superintendent and the medical superintendent of the Flatbush asylum. Upon the conclusion of this examination, the Commission was informed by its counsel, the representive of the Attorney-General, that the commissioners of charities and correction would agree to the entry of a proper order and its approval by a justice of the Supreme Court. This order was immediately prepared by the Commission, and in it its views as to the needs of these two institutions, so far at least as the care and treatment of the insane are concerned, were embodied, and it was subsequently approved by a justice of the Supreme Court without modification. On or about the 14th day of January, 1892, certified copies of these orders, as required in the original, were served upon the commissioners and all the superintendents.

The Commission has no doubt that this order will be complied with, since its execution has practically passed beyond the domain of the Commission and has become a mandate of the Supreme Court of the State, to which disobedience would insure the application of proper remedies by the court.

As will be noted, the vital point insisted upon by the Commission was the appointment of a general superintendent, who should have the sole executive charge and direction of the entire institution; that he should have the absolute power of appointment and discharge of all physicians, officers and subordinate employes, the power of appointment and discharge of the general superintendent alone being reserved to the commissioners of charities and corrections. The Commission believes that in no other way can vitally necessary reforms be effected in this or any like institution, and in this view it was fully sustained by the action of the court in approving the order. If the principle of undivided responsibility is once established, there can be no question about the final outcome. If the general superintendent is found to be incompetent or unfaithful to his trust, he can readily be removed. The order is appended:

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

KINGS COUNTY—DEPARTMENT OF CHARITIES AND CORRECTION.

At a special session of the State Commission in Lunacy, held in the city of New York on the 30th day of December, 1891.

Present — CARLOS F. MACDONALD, M. D., president; GOODWIN BROWN, HENRY A. REEVES, commissioners.

IN THE MATTER OF THE INVESTIGATION INTO THE MANAGEMENT OF THE KINGS COUNTY ASYLUMS FOR THE INSANE.

Ordered:

1. There shall be a general medical superintendent, who shall be the chief executive officer, and his duties shall be solely confined to the insane, and have the power to select, appoint and discharge all medical officers, attendants and other employes, to determine the number of assistant physicians and employes and to define their duties. He shall be empowered to direct ordinary repairs to wards, bath-rooms, water-closets, heating apparatus, and all other parts of the institutions. He shall be required to enforce compliance with the orders and recommendations prescribed by the State Commission in Lunacy, for the general care and treatment of the patients and the discipline of the institutions. He shall be required to adopt a general diet list for the patients, which shall be of proper quality, quantity and variety.

2. The number of assistant physicians to be appointed by the general medical superintendent shall be in the proportion of at least one to each 150 patients, or fraction thereof exceeding fifty; one of such assistant physicians shall be detailed for night service both at the Flatbush and St. Johnland asylums. The assistant physicians shall be paid a reasonable compensation, and shall have promotion in pay from time to time sufficient to induce them to remain in the service after they have become valuable by reason of experience.

3. Applicants for appointment to the position of assistant physician shall be required to pass a written examination to be prescribed by the general medical superintendent and approved by the State Commission in Lunacy.

4. There shall be appointed an apothecary, both at Flatbush and St. Johnland, having the qualifications prescribed by the State Board of Pharmacy, who, under the direction of the medical superintendent,

shall have the sole charge of dispensing the drugs and medicines prescribed by the medical officers. The method of dispensing and administering medicines shall be that known as the "single-dose" system. The medical officers shall be provided with sufficient clerical assistance, both at St. Johnland and Flatbush, inclusive of a stenographer in each instance, to enable them in addition to their duties on the wards to properly attend to the clerical services required to be performed in the writing up of case books, the making out of reports, etc., which are required by statute.

5. The general medical superintendent shall prepare printed rules and regulations for the government of the officers and employes, such rules and regulations to be approved by the State Commission in Lunacy, and each officer and employe shall be provided with a copy of the same.

6. A receiving pavilion, suitably arranged for both sexes and under the charge of a competent physician and trained attendants, shall be established.

7. There shall be set apart a ward or apartment as an infirmary for the seriously sick, one for either sex, at both Flatbush and St. Johnland, which shall be provided with specially trained nurses.

8. A suitable amusement hall shall be provided for both Flatbush and St. Johnland, also a suitable place of worship at both, so arranged as to provide for worship by both Protestants and Catholics.

9. There shall be provided, both at Flatbush and St. Johnland, for each of the buildings which is more than one story in height a sufficient number of fire escapes, of suitable design (except that the spiral form shall not be used), to be properly inclosed and easily accessible by means of a door or window from each floor.

There shall also be provided, in addition to outside hydrants and fire-extinguishing apparatus, inside stand-pipes with a connection or outlet on each ward, to which a sufficient length of fire hose to reach to the extremity of the ward in all directions shall be kept constantly attached; all fire hose shall be tested at least once in three months, under the direction of the engineer, who shall train the employes in its use. A portable fire extinguisher and not less than six hand grenades or patent fire buckets shall be conveniently placed on each ward. The bath tubs shall be kept filled with water over night, and buckets be placed near them. The buildings shall be lighted throughout by electricity, but until electric lighting is provided the gas should be regulated by a proper

governor, so that the flow shall be as nearly uniform at all times as possible. None but safety matches shall be allowed on the premises, and it would be perferable to dispense with these on the wards, using in their stead electric torches to light the gas when needed. The lanterns used shall be kept at some point outside the buildings occupied by patients in the charge of one person who shall regularly clean, replenish and distribute them. Painters' supplies and inflammable liquids of all kinds shall not be stored in any building occupied or used by patients. Suitable steps shall be provided under all windows intended to be used as exits to the fire-escapes, and all appliances used in the oiling or polishing of floors shall be removed from the buildings as soon as used. The use of swinging gas brackets shall be everywhere discontinued and the gas jets in all closets, clothes-rooms, attendants' rooms, etc., shall be protected by wire screens. Kerosene oil shall not be used for lighting purposes and candles only in cases of emergency, and they shall be kept in the dispensary in the custody of the apothecary and be used only on a physician's order in each instance.

10. The proportion of attendants shall be such as to supply, for day duty, at least one attendant to ten patients, and for night duty, at least one attendant to thirty patients.

11. The wards and day rooms shall be provided with suitable furniture, and the day rooms hung with pictures, and supplied with reading matter for use of patients.

12. Communication shall be established, either by telegraph or telephone, or by both, between St. Johnland and the office of the general medical superintendent.

13. Greater facilities shall be provided for the industrial occupation of patients.

14. Immediate provision shall be made for the maintenance in the apartments occupied by patients and attendants of a proper temperature during the cold season of the year, both at Flatbush and St. Johnland.

If funds are not available for the purpose of carrying out the provisions of this order, then said order may not be complied with until such funds are provided; but an application therefor shall be made at the earliest practicable day to the board of estimate and apportionment or the board of supervisors.

This order is directed to, and a certified copy of the same shall be personally served upon, each of the commissioners of charities and cor-

[illegible] Annual Report of [illegible]

[illegible] upon the general medical [illegible] the Flatbush and St. John [illegible]

W. E. McCARR,
Secretary.

[illegible] Commission in Lunacy is hereby [illegible]

EDWARD M. CULLEN,
[illegible] Judge of the second district.

[illegible] united action in the management [illegible] County of Kings, the Commissioners [illegible] The same as those set forth [illegible] sections that the care of the [illegible] shall any other department [illegible] whether charitable or penal, by [illegible] under the direction of a [illegible] Board of the State, to whom full charge [illegible] in this county should be [illegible] subject to the same general [illegible] and all instructions for the [illegible]

[illegible] DISTRICT

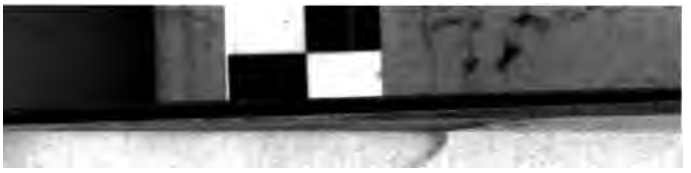
[illegible] CITY SYSTEM.

[illegible] SYSTEM.

[illegible]	[illegible]	Physicians to patients.	Attendants to patients.
[illegible]	[illegible]	1 to 1284 4/12	1 to 10 11/111
[illegible]	[illegible]	1 to 338	1 to 9

MAINTENANCE.

INSTITUTIONS.	Per capita cost of maintenance.	Per capita cost of medical service to patients.
New York city asylums	$120.9378	$6.0842
Kings county asylums	120.64	3.66



RECOVERIES.

INSTITUTIONS.	Average daily population.	Recoveries.	Percentage.
New York city asylums.....	5,219	190	3.64
Kings county asylums	1,948	109	5.59

DEATHS.

INSTITUTIONS.	Average daily population.	Deaths.	Percentage.
New York city asylums.....	5,219	514	9.84
Kings county asylums	1,948	191	9.80



PART III.

LICENSED PRIVATE ASYLUM SYSTEM.

CHAPTER 19.

LICENSED PRIVATE ASYLUM SYSTEM.

There are now seventeen licensed private asylums. Five of these are corporations, two being partly eleemosynary in their character and conducted without special reference to pecuniary gain. In the case of the remaining twelve the license in each instance was issued to an individual and all of these are conducted as private enterprises.

The aggregate capacity of these institutions is 1,000, and they represent a total investment of $1,079,000.

For location and means of access to each of these institutions see Asylum Directory.

During the past year, acting in conformity to the statute which provides that "it shall have the power to cont nue, amend or revoke any existing license, as in its opinion the interests of the insane in the respective institutions demand," the Commission revoked every license heretofore issued and relicensed such private asylums as in its judgment were deserving of public confidence under the following general form of license:

[Form 39.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

AT A SPECIAL SESSION OF THE STATE COMMISSION IN LUNACY, HELD AT THE CAPITOL, IN THE CITY OF ALBANY, ON THE ..... DAY OF....., 189..

Present — Carlos F. MacDonald, president; Goodwin Brown, Henry A. Reeves, Commissioners.

Ordered:

That..... be licensed to operate and maintain, for compensation or hire, an institution for the care, custody or treatment of the insane under the provisions of the statute,

said institution to be located at ....., and to be known as .....

This license is not transferable and is granted solely upon the following:

First, general conditions: That the institution shall be constantly under the charge of a reputable resident physician, of experience in the care and treatment of the insane, whose qualifications shall be acceptable to the Commission; that the number of persons under treatment shall not, at any time, exceed ..... and that this license shall be framed and hung upon the wall of the office or reception room. All patients shall be subject to visitation and supervision by the Commission, and information regarding them shall be furnished to the Commission upon forms prescribed by it within ten days of their admission.

Second, special conditions: .....

.....

.....

.....

.....

.....

[L. S.]

By the Commission: .....

Secretary.

Of these institutions, seven were restricted to the care of the certified insane. In those cases where the license was granted to an individual and the asylum was conducted on the so-called family plan, that restriction was not enforced, and such asylums were permitted to receive what is known as "voluntary" cases. This subject is treated of at length in another part of this report.

As the statute provided, the grounds and premises were inspected and the qualifications of the physicians of each of the institutions were carefully inquired into before this action was taken. It was required that plans of each building should be filed in the office of the Commission and that the capacity and interior arrangement of each institution should be accurately stated.

It is believed that all of the institutions now licensed are worthy of public confidence. The Commission has issued no new

license since its organization except to physicians of approved character and of sufficient experience in the care and treatment of the insane. In some cases it has been compelled to require the displacement of medical officers and the employment of others of sufficient experience. It has also applied, substantially, so far as the limits of the institutions permitted, the recommendations which have been made for the government of the public hospitals and asylums of the State. In all except the smaller institutions the Commission has required that the attendants shall be uniformed; that discipline shall be observed, and that, to the extent deemed necessary, the same system of records shall be adopted as is maintained in public institutions for the insane.

The Commission, in order that it might be fully informed at all times respecting the management of the licensed private institutions for the insane, sent to each the following communication:

[Form 80.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

To.....

Physician in charge.....

....., N. Y.

Dear Sir.— You are respectfully requested to make answer to the following questions, relating to the institution under your charge, on or before the 10th day of December, 1891:

1. Amount of capital actually invested.

2. Gross receipts from October 1, 1890, to September 30, 1891, inclusive.

3. Total expenditures from October 1, 1890, to September 30, 1891, inclusive.

4, Total amount expended for the purchase of land and in extraordinary repairs, renewals or improvements from October 1, 1890, to September 30, 1891, inclusive.

5. Names and addresses of all persons pecuniarily interested in the institution or deriving a pecuniary benefit from the proceeds thereof; if a stock company or corporation the title of same, amount of capital stock, names of shareholders and number of shares held by each, also

estimated and par value of such shares and dividends declared during year ending September 30, 1891.

6. Names of all patients in custody September 30, 1891, rate per week charged for each, and whether committed or voluntary — voluntary cases to be separately reported.

7. Name and address of correspondent in case of each patient.

8. Name, official title, date of employment and rate of compensation of each medical officer.

9. Name, sex, date of employment, kind of service performed, and rate of wages of each employe.

This information is called for pursuant to the statute in such case made and provided. It is not intended for publication except in a general way.

T. E. McGARR,
Secretary.

To persons unfamiliar with the subject some of the information required may seem to be irrelevant. While it is understood and accepted, as matter of course, that licensed private institutions are conducted for profit, the amount of that profit need not concern either the State or its officers, provided the standard of care and treatment is kept up to what it should be. But when the claim is made that the profits of an institution will not admit of necessary alterations, repairs and improvements, the furnishing of additional and necessary medical attendants, or the means of amusement, fire protection, etc., then it does become important that the financial affairs of such an institution should be made known to the Commission, and then the above questions have an obvious pertinency and propriety. It is gratifying to say that, with two exceptions, this information was furnished promptly and without dissent, and that with scarcely an exception, the proprietors of the licensed private institutions have shown at all times entire willingness to disclose their business affairs and methods of management to the members of the Commission, and to comply with its requirements in all respects.

In order, however, that these institutions should be brought up to the highest possible standard, especially so far as care and medical treatment is concerned, the Commission issued the following order, which requires no explanation.

[Form 77.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the capitol in the city of Albany, on the 18th day of November, 1891.

Present — Carlos F. MacDonald, M. D., president; Goodwin Brown, Henry A. Reeves, Commissioners.

In the Matter of the Employment of Physicians in Licensed Institutions for the Care, Custody or Treatment of the Insane, and the Admission of Voluntary Patients in those Institutions Permitted to Receive Them as well as Committed Patients.

Ordered:

1. That no license will hereafter be granted to operate and maintain an institution for the care, custody or treatment of the insane, unless such institution shall be constantly in charge of a well-educated resident physician (to be designated "Physician in Charge"), who shall possess the following qualifications: He must be a graduate of a legally incorporated medical college and must have had at least five years' actual service as a physician in an institution for the care and treatment of the insane. In existing institutions this order will in all future appointments be held to apply.

2. That hereafter the approval of the Commission in writing will be required upon the appointment of all assistant physicians in licensed institutions for the care, custody or treatment of the insane. In existing institutions this order will in all future appointments be held to apply.

3. That no voluntary patient shall be admitted to a licensed institution for the care, custody or treatment of the insane permitted to receive voluntary as well as committed patients, whose mind is so impaired as to render him incapable of forming a rational judgment as to the disposition of his person, or whose will is so weak as to render him incapable of resisting undue influence, nor unless an application for admission is made in the form prescribed by the Commission, by order dated November 18, 1891. A copy of the application, certified by the physician in charge, must accompany the report to the Commission of the admission of the patient.

By the Commission:

[L. S.] T. E. McGARR,
Secretary.

At the time of its organization the Commission found that the licensed private asylums for the insane had been allowed the privilege of caring for sick persons other than insane without apparent let or hindrance. It found some serious objections to this practice, among them being the difficulty of determining its own jurisdiction over parts of institutions occupied by persons not committed as insane, for the Commission can have no concern with persons not in fact insane; but there is extreme difficulty in determining a matter of this character in the case of those who have not been formally adjudged insane by the court, and the Commission, in order to guard against the possible improper detention of persons not legally committed, determined that it would be unwise to permit these private institutions to care for uncommitted cases, except in the case of small institutions conducted on what is known as the "family plan," where the license was issued to an individual and not to an association or corporation. In the case of institutions conducted on the family plan it was felt that — the license being a personal one, the number of patients being small, the licensee being a reputable physician or physicians, held solely and personally responsible for the care and treatment of the inmates, who usually were practically treated as members of the licensee's family — little harm could come from permitting the licensee of such an institution to receive voluntary patients in addition to those formally committed. To guard against possible abuse of this permission, the above order was issued. See paragraph 3. Moreover, in order that there should be no question as to the reception as voluntary cases of persons who are manifestly insane or who are mentally so defective as to be incompetent to determine for themselves as to the proper disposition of their persons, the following order was issued.

[Form No. 76.]

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 18th day of November, 1891.

Present—Carlos F. MacDonald, M. D., president; Goodwin Brown, Henry A. Reeves, Commissioners.

In the Matter of the Admission of Voluntary Patients into Licensed Institutions for the Care, Custody or Treatment of the Insane, Especially Permitted to Receive Them, as Well as Committed Patients.

Ordered

1. That no voluntary patient shall be admitted into a licensed institution for the care, custody or treatment of the insane, permitted to receive voluntary as well as committed patients, except an application is made therefor in the following form, and all such institutions are required to prepare and furnish blanks for such applications:

State of New York—State Commission in Lunacy.

.....

(Name of institution.)

Application for admission of voluntary patient.

I, ..., hereby request the physician in charge of the above-named institution to admit me as a voluntary patient. I hereby pledge myself to submit to the regulations thereof, to carry out, or aid in carrying out, all the directions which may be given for my treatment, and that my conduct will not be prejudicial to the good order and discipline of the institution.

I do hereby declare that I am aware that the above-named institution is licensed by the State Commission in Lunacy to care for and hold in custody insane patients; that the physician in charge has fully explained to me the character of the institution, and that I am at liberty to depart therefrom at my pleasure.

I hereby consent that the members of the State Commission in Lunacy, may freely visit my apartments on any proper occasion, make such inquiries of me as they may deem necessary, and that I will make truthful answers thereto.

In witness whereof I have hereunto set my hand this..... day of ....., 189.., in the....., of ....., county of ....., and State of New York.

.....

(Signature of applicant.)

We,....., a resident of....., county of ....., State of New York, and ....., a resident of....., county of ....., and State aforesaid, do severally certify and each for himself certifies as follows:

I am personally acquainted with the above-named applicant for admission to the above-named institution, and am not a committee of the person and estate nor a relative or guardian of said applicant, nor connected with said institution; I have read the foregoing application; I believe the statements therein made by the applicant to be true, and in my opinion the applicant is capable of forming a rational judgment as to the disposition of h.. person, and is capable of resisting undue influence.

..... Witness.

..... Witness.

2. This order shall be in effect on and after December 1, 1891.

By the Commission:

[L. S.]

T. E. McGARR,

Secretary.

The Commission also required that upon the admission of a voluntary patient certain information should be furnished and in conformity thereto issued the following order:

[Form 74.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 18th day of November, 1891.

Present — Carlos F. MacDonald, M. D., president; Goodwin Brown, Henry A. Reeves, Commissioners.

In the Matter of the Admission of Voluntary Patients into Licensed Institutions for the Care, Custody or Treatment of the Insane, Especially Permitted to Receive them as Well as Committed Patients.

Ordered:

1. That upon the admission of a voluntary patient to a licensed institution for the care, custody or treatment of the insane, permitted to receive voluntary as well as committed patients, a report be forwarded upon a printed blank, 8x10½ inches in size, in manner and form following, within ten days of the date of such admission:

State of New York — State Commission in Lunacy.

Notification of admission of voluntary patient.

.....

[Here insert title of institution.]

.....N. Y.,.....189..

To the State Commission in Lunacy:

Pursuant to direction, I hereby notify you of the admission as a voluntary patient into the above-named institution of.....

.....

Date of admission, ...
Residence, ...
Age, ...
Nativity, ...
Occupation, ...
Education, ...
Civil condition, ...

Form of disease, ...
Rate per week, ...
Name and address of nearest relative or friend, ...
.....

Physician in charge.

2. This order shall be in effect on and after December 1, 1891.

By the Commission:

[L. S.] T. E. McGARR,
Secretary.

The licensed private institutions of the State, whatever theoretic views may be entertained as to the wisdom of their being permitted to exist, are in experience a necessity and must continue to exist. Of course, the only substantial argument that can be urged against the existence of institutions of this character is that they are conducted on a basis of profit alone; that a constant temptation is before the proprietors or physicians in charge to detain patients unduly for the pecuniary gain which may be derived. When, however, the great cost of properly maintaining even the smallest of these institutions is duly considered, and the fact is recalled that their existence can be terminated at the will of the officers of the State charged with the duty of licensing them, thus destroying the property as well as the good will of the institution at a blow, it will be seen how little danger can exist from this source. The Commission is required to regularly visit and inspect these institutions, and to exercise over them the same general supervision as over the public hospitals of the State, and they must report to it upon such matters as the Commission may from time to time require.

There is another branch of this subject, however, which requires some attention, namely, the existence of various homes, retreats and sanitariums, which are not licensed by the Commission and do not apply to be licensed, and which, perhaps, would not be granted a license if application therefor were made. These institutions care for all classes of persons afflicted with mental or nervous diseases. Whatever be the danger which the public runs from the incarceration of persons of feeble will without authority of law, the Commission considers that it may arise here.

The Commission, in order to determine its jurisdiction over insane persons who might be confined in such institutions, addressed the following communication to the Attorney-General:

ALBANY, *October* 12, 1891.

HON. CHARLES F. TABOR, *Attorney-General, Albany, N. Y.:*

DEAR SIR.—Will you kindly favor the State Commission in Lunacy with an opinion upon the following question:

What jurisdiction, if any, has the State Commission in Lunacy over homes, sanitariums or retreats in which are treated persons of unsound mind other than those formally committed under the terms of the statute as insane persons needing care and treatment in an institution for the care and treatment of the insane?

To put the question in a different form, the case may be briefly stated in this manner:

There are in the State numerous institutions claimed by the proprietors to be institutions for the care and treatment of persons suffering from the opium habit, the alcohol habit, insomnia, and various other forms of physical and mental disturbance — cases which unquestionably (although it is difficult to obtain proof in regard to the same) require occasional and more or less long-continued restraint.

The State Commission in Lunacy has no desire to extend its jurisdiction beyond that which is imperatively required by law. At the same time it would not wish to be charged with having neglected its duty in regard to the investigation of cases or the licensing of institutions of the character above referred to.

I am, yours with the highest respect.

T. E. McGARR,
Secretary.

And in reply thereto received the following opinion:

[Form No. 78.]

STATE OF NEW YORK,
ATTORNEY-GENERAL'S OFFICE,
ALBANY, *October* 16, 1891.

State Commission in Lunacy:

Your communication of the twelfth instant has been received, asking for my opinion upon the following question:

"What jurisdiction, if any, has the State Commission in Lunacy over homes, sanitariums or retreats in which are treated persons of

unsound mind, other than those formally committed under the provisions of the statute as insane persons needing care and treatment in an institution for the care and treatment of the insane?"

It appears that there are numerous institutions in the State claimed by the proprietors to be institutions for the care and treatment of persons suffering from the opium habit, the alcohol habit, insomnia and various other forms of physical and mental disturbance, cases which, unquestionably (although it is difficult to obtain proof in regard to the same), are those which require occasional and more or less long-continued restraint; and the question relates particularly to these institutions.

Section 12 of chapter 273 of the Laws of 1890 prohibits a person or association from establishing or keeping an institution for the care, custody or treatment of the insane or persons of unsound mind for compensation or hire, without first obtaining a license therefor from the State Commission in Lunacy.

Section 1 of chapter 446 of the Laws of 1874 prohibits the commitment to or confinement as a patient in any institution, home or retreat for the care and treatment of the insane except upon the certificate of two physicians under oath, setting forth the insanity of the person, and approved by the county judge or a judge of a court of record.

Section 13 of chapter 273 of the Laws of 1890 provides that the State Commission in Lunacy may make an investigation in all cases where they have reason to believe that any person is wrongfully deprived of his liberty in any asylum or institution for the custody of the insane.

The terms "the insane," or "persons of unsound mind," as used in these statutes are, I think, practically synonymous.

Insanity is a question of fact and not of law; and whether a person is insane within the meaning of the term when used in these laws must depend upon the proofs.

"Persons suffering from the opium habit, the alcohol habit, insomnia and various other forms of physical and mental disturbance," are not necessarily insane as the term is here used.

Nor do I think that persons suffering from the temporary delirium of a fever, or an attack of hysteria, would be regarded as insane under these statutes; although while the delirium or the attack lasted they might necessarily be subjected to physical restraint.

If, however, there is any institution in which any person actually insane within the legal signification of the term is confined or is under

care or treatment, that institution would seem to be subject to the visitation of the State Commission in Lunacy whether the person had been sent there upon the certificate of two physicians approved by the judge or without such certificate.

Any such institution which keeps such an insane person without having a license from the State Commission in Lunacy would be violating the provisions of section 12 of chapter 273 of the Laws of 1890.

Any such insane person kept at any such institution which is not licensed "is wrongfully deprived of his liberty;" and the State Commission may order an investigation under section 13.

Any such insane person who is kept at any such institution whether licensed or unlicensed without the certificate of the physicians and the approval of the judge required by chapter 446 of the Laws of 1874, is also "wrongfully deprived of his liberty;" and the State Commission may investigate in such cases as provided in section 13 of the act of 1890.

Very respectfully, etc.

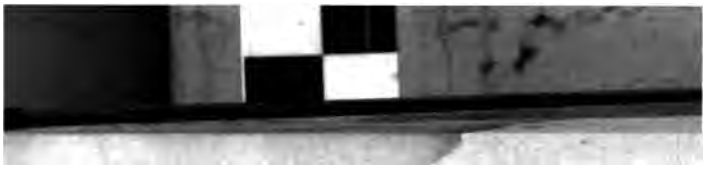
CHAS. F. TABOR,
Attorney-General.

While, as will be noted, the Attorney-General decides that insanity is a fact, and that the Commission has jurisdiction over all persons who are committed as insane, nevertheless, the Commission is practically powerless for the reason that in cases of this character it is extremely difficult to show that any person is improperly detained. Hence surmises, anonymous communications and public reputation do not avail.

In order, however, to guard against any possible abuses in this direction, the Commission believes that all homes, retreats, sanitariums, or similar institutions where any form of insanity, imbecility, idiocy, inebriety, opium habitués, or any other conditions which involve the mental health or self-control of the individual, except in the case of the duly adjudged insane, should be licensed by some proper authority in the State and subject to rigid visitation and inspection. There is nothing to prevent any person who chooses from establishing any kind of a "home," "sanitarium" or "retreat" for the care of sick people. They are under no official supervision whatever. It was only recently that the Commission was informed by a public officer of

the State that an insane person was burned to death from an accident in one of the so-called homes, which the Commission had refused to license. In this case the Commission informed the proper authorities in order that such remedy might be applied as was possible. The Commission, therefore recommends that all institutions of this character should be licensed and placed on the same footing as the institutions for the care and treatment of the insane. Indeed, there seems to be no reason why persons without proper training and experience and perhaps lacking in essential elements of fitness should be permitted to care for any class of sick people whatever. If there really is any danger of the improper detention of any person, it is in institutions of the character referred to and not in licensed private asylums for the insane.

While in a majority of the licensed private asylums the physicians in charge have had sufficient experience in the care and treatment of the insane the Commission found exceptions that have been a source of much annoyance and trouble. All the institutions licensed by the State for the care and treatment of a class of persons who are utterly unable to care for themselves or to know when they are well treated, and which are conducted mainly or wholly with a view to profitable returns from the money invested, should be under the charge of the most experienced and the best educated class of physicians. Such a condition should be inserted formally in the statute governing the subject. The Commission has adopted rules and regulations which, if continued in undiminished efficiency, would correct the evils complained of in this direction; but it feels that it would be safer and wiser that the statute should provide explicitly for possession by physicians in these licensed private institutions of substantially the same qualifications as by physicians in the State hospitals, and that the matter should not be left discretionary in any board exercising judicial functions. The Commission would therefore recommend that the statute be so amended as to provide for the physicians in these institutions possessing the same qualifications as are required in the State hospitals.



PART IV.

GENERAL ASYLUM SYSTEM.



CHAPTER 20.

COMMITMENT OF THE INSANE.

As a primary proposition it may be said that the commitment of the insane under carefully guarded legal process is not more necessary to prevent the admission of persons not so insane as to require hospital care and treatment, within the meaning of the statute, than it is to prevent patients from leaving the hospital at will, or to secure their detention for a period long enough to be properly observed and treated, since in the absence of power to detain patients any systematic or efficient course of treatment is obviously impracticable. Even the more rational and tractable patients would otherwise be liable to leave at any time when caprice or impulse might control them.

A large degree of public interest attaches to this subject, and it has been heightened during the past year by fatal results following the use of bombs, fire-arms and other dangerous weapons by lunatics at large. As a general thing, whatever public interest has hitherto been felt in the subject was excited by those who believe that sane persons are confined in institutions for the insane. The Commission realizes that the subject is a difficult one with which to deal, owing to a constantly wavering public sentiment, which on one day clamors for the confinement and even punishment of insane persons—especially those of the type known as "cranks," paranoiacs and so-called "reasoning lunatics"—and on the next day demands the release of these same persons in opposition to the opinions and protests of those who are best qualified by training and experience to determine such questions. In fact, at almost every session of the Legislature, in recent years, proposed enactments have been seriously offered providing that the question of insanity and of commitment for care and treatment

should be determined, in every case, by a jury of laymen, the proposition and argument to sustain it being based on the alleged frequency of improper commitments to asylums for the insane, either through wrongful intent or a laxity of the legal provisions governing such commitments.

The prevalence of this erroneous notion is largely due to the unfortunate agitation which is maintained in certain quarters and by certain individuals, some of whom are themselves mentally unbalanced, and others, who, though doubtless well-meaning and conscientious, are easily misled. This effort to keep alive and foster the popular delusion that sane people are incarcerated and detained in hospitals for the insane from wrongful intent is a source of great wrong to the insane themselves as well as to their relatives and friends whose feelings are often painfully lacerated by the unjust allegations of wrong on their part and the undue publicity given to these domestic afflictions. On the other hand manifestly insane persons, some of whom are known to be dangerous, are sometimes released from the custody of asylums, by means of writs of *habeas corpus*, and in opposition to the testimony of the medical officers of the asylums, and in some cases without taking the testimony of such officers or considering such proof as could be readily obtained by examination of the asylum case books. At the present time, public sentiment seems largely inclined to the belief that the laws are far too lax and that greater safeguards should be provided to prevent the discharge of dangerous lunatics and their going at large.

From its own observation and experience, and from information obtained from others whose opinions are entitled to weight, the Commission does not hesitate to say that far more danger and harm lie in the too early discharge of persons who have been adjudged insane rather than in the detention of sane persons. The question of personal liberty is necessarily so directly involved that the subject will never cease to be one of interest.

The Commission does not hesitate to declare that not one case of wrongful commitment or detention has ever come to its knowledge. It is true that persons who are proper subjects for care and treatment are sometimes illegally

committed so far as the technical forms of law are concerned. It is also true that there is always a considerable number of feeble-minded persons in the hospitals and asylums for the insane who, if they had responsible friends or relatives willing to care for them and, if necessary, to make some personal sacrifice in doing so, might properly be discharged; but who, left to their own resources and forced to engage in the struggles and vicissitudes of outside life, would speedily succumb. The presence in asylums of persons of this class who have become restored to a quiet condition, who have become fairly rational in speech, and whose mental disease is somewhat obscure or difficult of ascertainment except to those who have special knowledge and experience, has unquestionably led to the belief, which, however untenable, is somewhat widely prevalent, that sane persons are kept in confinement.

There is also a certain proportion of cases that are on the road to recovery and discharge — those who are upon the convalescent wards or who go out upon parole; these are the ones whom the public more frequently see; and from an observation of such persons it is not wonderful that these conclusions follow. There is also another large class of cases whose mental disturbance is the result of excessive indulgence in alcohol and narcotics, and who must necessarily be committed. These persons, under the healthful surroundings of the hospital, the enforced regularity of hospital life and abstinence from their accustomed stimulant, with proper diet, suitable exercise and employment, oftentimes speedily recover to such an extent as would cause an unreflecting person to have no doubt about the propriety of their discharge. Persons of this class, after discharge, with a single indulgence in the former habit, may be lowered to a condition in which he or she would be liable to commit dangerous or homicidal assaults.

It must be admitted that the difficulties surrounding this whole subject are very great, and it is next to impossible to provide against all these various contingencies. One of the most unfortunate occurrences of this kind took place recently in the county of Kings, where, through the urgent solicitations of his sister, a homicidal patient, who apparently had greatly improved and was in a quiet and harmless state, prevailed upon the general superintendent to permit him to go out upon parole, and although

this officer acted in entire good faith, his judgment was at fault, and the result was that the patient not only killed himself and another person, but attempted to kill several others, including his sister. Another instance recently occurring was the discharge of a lunatic, whose insanity was unquestionably caused by the too free use of liquor, who in the course of a few months so far recovered as to cause the superintendent to have great doubts about the propriety of further detaining him. Soon after his discharge he assaulted with an axe a prominent citizen of the State, whose presence of mind undoubtedly saved his life. Instances of this kind might be multiplied.

Such occurrences as these naturally turn public sentiment strongly against the liberty of the insane, and therefore those charged with the care of this unfortunate class are constantly exposed to the extremes of criticism — sometimes for exercising too much care, at others for exercising too little.

But, as above stated, it may be safely asserted that the great, if not the only real danger, is that of too early liberation or of too long delayed commitments.

This matter of the improper detention of the insane has been the subject of frequent attention on the part of public officers. In 1872 Governor Hoffman appointed a commission of distinguished citizens to inquire into the truth or falsity of the then current belief that persons actually or sufficiently sane to warrant discharge were wrongfully detained in asylums. This commission reported as follows:

"We are of opinion that there is no just foundation for the apprehension that persons not insane are improperly confined in these institutions.

"There will always be some cases in which there may be doubt as to the degree of the unsoundness of mind, and as to the danger to himself and others which would result from the going at large of the patient.

"Not being experts on this subject, we obviously could not attempt to pass upon these doubtful cases; but as long as the persons in charge of these institutions are believed to be upright and skillful, the decision of these questions is more properly left to them, with their large experience and opportunities of examination.

"We would not be understood as intimating that we have doubts as to the propriety of the confinement of any of the persons who came under our observation, for we have not.

"Having recommended the passage of a law for a supervision of asylums by persons skilled in the treatment of the insane, we do not feel it to be our duty to do more than express our opinion that these institutions, so far as we have visited them, are not knowingly and designedly made instruments for the incarceration of sane persons."

Certainly a report of this character is entitled to weight. It has been supplemented from that time to this by the observation and experience of every public officer who has had charge and oversight of the insane.

As before remarked, some unreflecting and inexperienced persons have suggested that no person be committed without a trial by jury. Wherever experiment of such a law has been made, it has proven a lamentable failure and its effects have been disastrous. In the State of Illinois, where it at present exists, a day is, or was, set apart which was known as "Insane Thursday," in which the whole matter became a travesty upon justice; "conviction" being merely a matter of form, while at the same time causing much humiliation and unnecessary suffering to both patients and their friends. The secretary of the Illinois State Board of Charities is quoted by Dr. Tuke in his work on "The Insane in the United States and Canada," as follows:

"A delicate woman, for example a case of puerperal insanity, is dragged from her bed in winter across the country to the county court and carried into the court-room, more dead than alive, before she can be taken to the hospital. * * * The effect of the trial on the patient is often terrible. He is impressed with the conviction that he has committed some crime, he knows not what; he believes himself to be consigned to a prison; possibly he has a sense of having been dealt with unjustly, and foully wronged; he looks upon the officers of the hospital as conspirators in a plot. It is long before this suspicion of them can be removed."

This testimony is only part of the universal record against the system.

The Commission regards the present method of commitment in the State as being on the whole fairly satisfactory and suffi-

cient. It believes that some slight changes in the form might be adopted with advantage; for example, that the commitment should be in form as well as in fact a judicial order; but practically no substantial changes are necessary. In the framing of statutes the ever-guiding principle should be the greatest good to the greatest number. It must not be forgotten that at least one-half of the insane are women; that each insane person is a sick person, and therefore illy adapted to withstand the annoyances and disturbances of a public trial or publicity of any character.

The allegation is frequently made that, in order to procure commitment to an insane asylum, all that is necessary is to obtain the certificate of two physicians, and that this is not a difficult thing to do, physicians, it is alleged, readily lending themselves to the scheme, either through bribery or misinformation. This is not true in any sense. Besides the commitment of an insane person does not depend upon the certificate of two physicians. It is in each and all instances entirely a judicial matter, and no person can be deprived of his liberty without the approval of a judge of a court of record. It is true that in each case a certificate of two physicians is a prerequisite, and it must be the act of physicians who have shown proper qualifications as required by the statute; who were graduates of an incorporated medical college, who have been graduated at least three years, who have been declared by a judge qualified to make examinations in lunacy. But the judge, while he may and usually does, approve the certificate of these physicians, is not required so to do. He may summon any number of physicians in his discretion. He may take the testimony at chambers or in open court; he may even summon a jury if he so determine. He is not bound in any way. The statute allows judicial officers the greatest freedom and liberty of action in these matters, and in each and every case where fault might be charged, it must finally rest not upon the certifying physicians, but upon the judiciary. The Commission is unwilling to believe, it does not believe, that either the judiciary or the medical profession act improperly in these matters. To assert that they do is to attack both the medical profession and the entire judicial system of the State. This is a point which can not be too strongly insisted upon. Also

that the ultimate responsibility is not with the physicians, but with the judge. His conscience and his judicial mind must be satisfied upon the question at issue.

Much trouble has at times arisen from omission on the part of receiving officers to inform patients on admission of the fact that they were to be detained in an institution for the insane, and upon discovery of the fact they have created a disturbance, have sometimes escaped, and have sometimes conceived a belief that they had been made victims of a conspiracy. Experience has demonstrated that this practice is unfortunate and unwise; therefore, finding that patients had in some instances been admitted to an institution in ignorance of the fact that they had been duly committed, the Commission found it necessary to make some provision on the subject, and accordingly issued the following order:

[Form 82.]

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 18th day of November, 1891.

Present — Carlos F. MacDonald, M. D., president; Goodwin Brown, Henry A. Reeves, Commissioners.

In the Matter of the Admission of Patients to Institutions for the Care, Custody or Treatment of the Insane.

Ordered:

1. That all persons committed to any institution for the care, custody or treatment of the insane must, at the time of admission, be informed by the receiving medical officer of the character of the institution and the cause of detention.

2. This order shall take effect December 1, 1891.

By the Commission:

[L. S.] T. E. McGARR,
Secretary.

This is a point of such importance, however, that it should be covered by a statutory provision. At some time the truth must be known by every patient who has sufficient mentality to appreciate it, and experience has shown that it had better be known at once. Even a lunatic, acting in the belief that he is to

be deprived of his liberty without any authority of law, may believe himself justified in resorting to violence in order to effect his escape. In one instance which the Commission observed, a lunatic who had thus been received in ignorance of the fact that he was in legal custody, unquestionably would have committed a homicide if the means had been at hand, as on learning his real situation he became most disturbed and violent.

There has been a demand in certain quarters for the admission in the asylums of the State of what is known as "voluntary" or uncertified patients. Whatever views may be entertained in regard to the admission of this class into the private institutions, there would seem to be little room for doubt that such admissions should not be permitted in the public hospitals. In fact, the voluntary admission of a person who is *non compos mentis* is a solecism. A person suffering from mental disease to an extent which requires custodial care and treatment, can hardly be said to be capable of determining the question of his admission. If such cases are not debarred, the whole question would resolve itself into one relating to the admission of sick people generally, who may be suffering merely from nervous diseases, without any mental disturbance whatever.

As far back as 1881 Dr. John Ordronaux, the first State Commissioner in Lunacy, in an official report, among other things, stated as follows upon this point:

"And yet the definition of asylum as applied to a *public* hospital for lunatics would seem by legal intendment to restrict such hospital to the admission of certified lunatics alone, so that no superintendent of a State asylum would be justified in receiving simply nervous patients as boarders to the exclusion of lunatics proper. Were this to be permitted, our asylums would speedily be filled with that class of persons."

Further discussion of this subject may well be left until such time as the State shall have made sufficient accommodations for the needs of its wards who are legally insane. For, according to the reports of these institutions, there has never been a time when sufficient accommodations were provided. It is shown in another part of this report (see chapter 3, Enlargement of State Hospitals) that in round numbers, making due allowance for such changes as may be made, there are now 272 patients in

excess of the actual capacity. The Commission has recognized the propriety of the admission of voluntary cases in a certain class of private institutions (see chapter 19, Licensed Private Asylums, where the matter is fully discussed).

Closely allied to the commitment of the insane is the question of their discharge. As frequently pointed out, superintendents are more likely to err in this direction than in the original reception of cases. A patient is received in a state of great violence and destructiveness. He may be suicidal or homicidal or exceedingly destructive to property and persons. Under proper treatment and the quieting influences of a hospital, such a patient, in a few months may show few, if any, surface indications of mental disturbance; his friends frequently visit him; his letters are rational; his speech is coherent. It is then that efforts are often made to procure his release. He himself frequently believes that he is unjustly detained, but to the mind of the trained and experienced superintendent, the discharge of such a patient is fraught with grave danger and responsibility and he is frequently obliged to non-concur with the view of friends. It is here that the present statutes should be amended. Such patients are frequently discharged on writs of *habeas corpus*, and this writ is always, and under all circumstances, available. The mere presence of such a patient in court before a sympathizing jury of laymen has frequently been sufficient to procure his discharge. While this can not be prevented, the statute should be so amended as to require in all cases of *habeas corpus*, and in all cases where an unrecovered patient is to be discharged upon a bond, that in any event the written certificate of the superintendent or physician in charge, fully setting forth the patient's condition, and his views on the propriety of such discharge, should be before the court, or the presence of such superintendent for the purpose of an oral examination should be required. It is only in this way that the public can be protected from the dangers that constantly threaten it from the discharge of this class of persons. In the case of persons who have committees, the committee is responsible, and can detain the patient in any place not expressly prohibited by law. But the provision in regard to the discharge of patients

should apply to all classes of cases, and where any doubt upon the subject exists in the mind of the superintendent, he should be required by statute to reduce such doubt to writing and to file a certificate letting the propriety of such discharge become a matter of judicial determination.

The public alarm which arose from recent instances of the throwing of dynamite bombs inspired a suggestion that public safety demands that the police and other public officers be furnished with a list of all discharged lunatics. This the Commission regards as both impracticable and unwise. The remedy is rather to be sought in preventing the discharge of this class of lunatics. The publication of such lists would accomplish little. The number of such discharges is so great that it would overburden the public officers and at the same time be of no practical benefit.

CHAPTER 21.

CORRESPONDENCE AND VISITATION.

Perhaps not unnaturally, a belief has existed since the founding of hospitals for the insane that persons not insane have been kidnapped and illegally detained in custody; and to-day it is undoubtedly the case that many unthinking and ill-informed persons honestly believe that instances of this character often occur. Hence the demand constantly made that the correspondence of persons detained in asylums or hospitals be surrounded by proper safeguards in order that, if cases of improper detention occur, friends or the public may be informed.

Various suggestions covering this point have been made; among others, one, that mail-boxes be placed upon the wards, in which patients may have the opportunity of placing their letters without the censorship of asylum authorities. This is an old device, and wherever tried has been found to be a failure, such boxes being usually made a depository by patients of rubbish of various kinds. Moreover, assuming the success of the experiment, somebody must be trusted to see that such communications as may be deposited reach the postal service. It has also been urged that each patient be permitted to select some person for a period of a few months with whom he shall have the right to conduct unrestricted correspondence.

The Commission would be recreant to its belief, if it did not state explicitly that, in its judgment, there is no necessity whatever for any of these provisions being made. Even if no provisions whatever were made, it does not believe that individual liberty would be illegally interfered with. To believe that it would be is to believe that every hospital and asylum in the State employs persons who would not hesitate to commit a felony, for participation in any act which tends to deprive any other person of liberty is a felony both by common and statute law. No person could be directly or indirectly an accomplice in such a proceeding without incurring the risk of imprisonment in State prison. Of course, this whole contention assumes that sane persons are committed to and held in confinement in institutions for the insane. This can not be demonstrated to be true. It may be admitted that, in the service of institutions for the insane, there might occasionally be a person who would be willing to commit an act of this character. No government has ever yet been able to effectually prevent the commission of crimes. And while it is wise and proper that some provision should be made in deference to any public sentiment that may exist, at the same time care must be taken to guard against the serious evils that may result from the unrestricted correspondence of insane persons.

All who are engaged in the care and treatment of the insane, know how often it happens that the language of insane persons, particularly women, who, when sane, are most exemplary in speech and conduct, become, as a result of their disease, vulgar, profane and even obscene ; and that these unfortunate tendencies are quite as liable to manifest themselves in the writings of such patients as in their oral expressions ; hence, to permit them to freely expose their morbid mental aberrations to whomsoever they may elect, would be a cruel, if not a brutal, wrong to the patients themselves as well as to their friends. In fact, all who are practically familiar with the subject, are aware of the importance of protecting such patients from their own insane follies, by detaining letters of the kind referred to. It would not be difficult to imagine the sense of humiliation, shame and disgrace which a naturally modest and refined man or woman,

on recovering from an attack of insanity, would experience upon knowledge of the fact that, while in a state of mental irresponsibility he or she had been allowed to thus expose and parade his or her mental vagaries to the outside world, through letters to chance acquaintances or perhaps to entire strangers.

Then, too, the relatives of the insane — parents, wives, husbands, brothers and sisters — ought to be spared the annoyance and chagrin which the enactment of such a law would impose upon them.

Moreover, instances have been known where poisonous drugs, and even dangerous weapons, have been surreptitiously transmitted to patients by the mistaken kindness of friends, although it may be stated that this probably has rarely occurred, except in the cases of persons confined upon "criminal orders." It also frequently occurs that in efforts to escape, persons of means who are visited by insanity, address communications, or would do so if permitted, to all sorts of people, inviting them for a moneyed consideration to aid them to escape, and thus innumerable law suits and difficulties have arisen. It is clear, therefore, that some regulations upon the subject should be provided, whether by statute or by the order of some executive body, may be a question.

Early in its administration the Commission issued the following order upon this subject, and, so far as its experience goes, it has worked satisfactorily:

[Form 40.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 18th day of November, 1890.

Present—Carlos F. MacDonald, M. D., president; Goodwin Brown, Henry A. Reeves, Commissioners.

IN THE MATTER OF THE CORRESPONDENCE OF INMATES OF INSTITUTIONS FOR THE CARE AND TREATMENT OF THE INSANE.

Ordered:

1. That each insane patient be permitted to write to some relative or friend once in two weeks, and oftener if necessary, in the discretion of the medical superintendent. In the case of patients unable for any

cause to write, the medical superintendent must direct some proper person to write for such patients at suitable intervals, if they so desire. All letters must be forwarded at once, unless they are obscene, profane, illegible or too incoherent to be understood, and the postage must be furnished by the institution, if relatives or friends are unable to provide the same.

2. All letters detained because of obscenity, profanity, or for other reasons, must be forwarded at once to the office of the State Commission in Lunacy, and reasons for the detention must be briefly stated in each case by indorsement upon the envelope.

3. All letters addressed to the Governor, Attorney-General, judges of courts of record, district attorneys or the State Commissioners in Lunacy, must be forwarded at once, without examination.

By the Commission:

[L. S.] T. E. McGARR,
Secretary.

By the foregoing order it will be seen that letters of insane persons addressed to any public official who would have jurisdiction in such case must be forwarded by the asylum officers unopened; also that all letters detained for any cause must be forwarded to the office of the Commission, with the reasons for detention indorsed thereon. Here they are subject to independent inspection and may be forwarded to their destination should it appear that they have been improperly detained. As a matter of fact a large proportion of the letters written by the inmates of the hospitals and asylums of the State, both public and private, are forwarded by the medical officers unopened. Indeed there is reason to believe that if there is any fault to be found with the present practice in this State, in relation to this question, it lies in the direction of too much freedom.

From time to time this order has been criticised as in violation of the United States postal laws.

The following correspondence with the United States Post-office Department, it is trusted, will dispel such doubts as may heretofore have existed.

[Form 87.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

ALBANY, *December* 5, 1891.

Hon. JOHN WANAMAKER, *Postmaster-General, Washington, D. C.:*

DEAR SIR.— I forward herewith for your inspection an order recently issued by the State Commission in Lunacy regulating the matter of correspondence of the insane in the institutions of the State of New York. The Commission directs me to inquire as to what extent letters addressed to the insane in asylums may be scrutinized by the medical officer in charge of such inmates before delivery, to the end that their mental condition may not be injuriously affected by injudicious statements contained in letters of friends and relatives. The Commission desires to be informed whether there has ever been any United States statute or regulation of the Post-office Department upon this particular point, and if not, whether the superintendents of asylums are justified, not only in examining the letters addressed to their charges, but also in cases where it would be manifestly injurious for the patients to receive such letters, in withholding them until such time as recovery takes place. Cases have come under the observation of the Commission where narcotic drugs have been inclosed in letters to patients; where plans for escape of dangerous lunatics have been suggested in such letters, etc., etc. Business and professional men who by reason of overwork and anxiety have fallen victims to insanity necessitating their confinement in asylums, should certainly in the opinion of the Commission, be spared the infliction of letters written by thoughtless correspondents pertaining to business complications or domestic misfortunes.

In case no regulation has been made by the department, the Commission would be under many obligations for advice with regard to this matter.

I am, very respectfully yours.

T. E. McGARR,

Secretary.

POST-OFFICE DEPARTMENT.

OFFICE OF THE
FIRST ASSISTANT POSTMASTER-GENERAL,
WASHINGTON, *December* 11, 1891.

SIR.— The Postmaster-General has handed me your letter of December fifth, submitting an order issued by the State Commission in Lunacy regulating the matter of correspondence of the insane in the institutions of the State of New York.

You have been directed by the Commission to inquire whether there has ever been any United States statute upon the question of delivery of mail addressed to the insane; and whether superintendents of asylums are justified, not only in examining letters addressed to their charges, but also in cases where it would be manifestly injurious for the patients to receive such letters, to withhold them until such time as recovery takes place.

Answering your inquiry I beg to inform you that there is no United States statute expressly applying to the delivery of mail addressed to the insane.

The statute forbidding unauthorized persons to open letters addressed to others, is as follows:

"Any person who shall take any letters, postal card, or packet, although it does not contain any article of value or evidence thereof, out of a post-office, or branch post-office, or from a letter or mail carrier, or which has been in any post-office or branch post-office or in the custody of any letter or mail carrier before it has been delivered to the person to whom it was directed, with a design to obstruct the correspondence, or pry into the business or secrets of another, or shall secrete, embezzle, or destroy the same, shall, for every such offense, be punishable by a fine of not more than five hundred dollars or by imprisonment at hard labor for not more than one year, or by both." (R. S., 3892.)

It is the intention and desire of the Post-office Department to impress upon every one the importance of preserving the absolute sanctity of the seal, hence, I am inclined to think that the question of *legality* of the acts of your superintendents in opening and withholding letters addressed to the insane patients, placed by due legal process in their charge, is one for the consideration of your counsel. The jurisdiction of the department ceases when the letter is delivered in accordance with its address, order of the addressee, or to his legal guardian; the question of delivery is the only one that can properly come before this office.

Very respectfully.

S. A. WHITFIELD.
First Assistant Postmaster-General.

Hon. T. E. McGarr,
Secretary, State Commission in Lunacy, Albany, N. Y.

At first sight it may appear curious that people should desire unrestricted access to public hospitals for the insane. No other class of sick persons are subjected to the annoyance of public

curiosity. The unrestricted visitation of general hospitals by large crowds of persons would not be tolerated for an instant, and happily there is no desire on the part of the public to visit such hospitals. Such visitation would justly be regarded as exceedingly improper, and yet large classes of persons see no impropriety in walking through the wards of our State hospitals and asylums and freely gazing and commenting on the unfortunates detained there. While the Commission believes that such visitation is improper, it also realizes the unwisdom of attempting to prohibit that which the public regards as its right, and that so long as public sentiment apparently justifies the placing of the public hospitals upon the same plane in this respect as prisons, orphan asylums, etc., it is, perhaps, idle to protest. It does believe, however, that the statute ought to provide that unauthorized persons who are neither relatives nor friends should not have unrestricted access to patients, simply to gratify a morbid curiosity. Instances of this character are by no means rare, and as a result great and lasting harm to the insane has resulted. It realizes that this is a matter which, in most instances, can be safely left to the judgment of superintendents, and this is especially true of the State hospitals; but there are institutions where this is not true and where superintendents, through lack of firmness or decision, permit unauthorized persons to visit the insane under various pretexts. Either the Legislature should give the Commission power to make a regulation upon this subject, or it should provide that unauthorized persons should not be permitted to visit the insane without the consent of some judicial officer.

CHAPTER 22.

MANAGEMENT OF INSTITUTIONS.

Since the Commission entered upon the performance of its duties, and, from time to time, as the scope of its observation widened, it has endeavored to survey the whole field of asylum work in the State. In the exercise of its functions it has sought by the use of all legitimate means to apply to all the institutions to the fullest extent practicable, such methods of management a commended themselves to its judgment as best or most desirable.

It believes that the Legislature, in creating the Commission, intended that it should exercise a general supervision over the entire system and gave it the powers necessary for the prevention of evils and the correction of abuses whenever and wherever they might be found. The Commission has endeavored to carry out this purpose to the best of its ability in a spirit of justice to all. As its work has progressed, the criticism has been advanced that the methods adopted threatened destruction of all individuality in the management of institutions. Results, however, do not seem to justify this apprehension in any important particular. There has never been any intention or desire on the part of the Commission to trench upon the proper prerogatives of boards of managers who are the legal custodians of these institutions, or upon the rightful authority of the medical officers who are in immediate control. Consistently with this idea, however, it has insisted upon the adoption of certain general principles of management and upon the enforcement of uniformity in some essential particulars, to the end that the best features of each might be secured to all, and that intelligent comparison of results might be made. It has also, in some instances, felt obliged to require some modification of methods or practices which it deemed objectionable, because, as it believed, such methods and practices were not in accord with the best ideas of present progress. For instance, the abolition of airing courts, which formerly were so common everywhere and were deemed necessary for disturbed and violent patients, and the use of which is still adhered to in a few of the institutions in the State, has been urged on the ground that modern experience has shown the use of these usually gloomy and cheerless appendages to be not only unnecessary but positively harmful and tending to aggravate rather than to cure or ameliorate mental disease. The Commission hopes soon to be able to report that the use of airing courts in the institutions for the insane in the State of New York is a thing of the past; so, too, the fastening of furniture to the floor has been disapproved; while, on the other hand, the substitution of the spray or rain bath applied by a fixture held in the hand, the overhead or stationary fixture not being allowed for the use of bath tubs in the bathing of filthy and helpless patients has been strongly recommended on

the ground that the latter method of bathing this class of patients is unsanitary, and frequently exposes a patient to the risk of scalding. Two unfortunate occurrences have demonstrated this fact during the past year, to which matter a detailed reference is made in another part of the report. (See p. 375.)

The following letters from the Superintendents of the Middletown State Homœopathic Hospital and the Willard State Hospital are interesting, as showing the practical workings of the method of bathing known as the rain or spray system:

"In compliance with your request, I send herewith a statement concerning a new method of bathing which has been inaugurated at this hospital, and which is known as the 'spray bath.' As you called our attention to this method and urged its adoption, I deem it just to make a report to you concerning its value.

"We refitted one of the bath-rooms in the hospital annex as follows:

"The two tubs situated in the center of the room were taken up, and one was reset by the side of the room, in order to leave as much free space as possible. A marble slab, about five feet long and two and a half feet wide was laid near the center of the room. This slab was beveled, with a waste pipe in the center to carry of the accumulating water. The entire floor around this slab was laid with slate upon a cement bed. This slate tended toward the center, in order that all waste would speedily pass away. The sides of the room were lined with marble slabs, six feet in height, carefully cemented together. This made a water-tight compartment, with a dishing floor, thus making a perfect and speedy drainage. We then brought a pipe from the cold-water line in the basement, to a mixer, and a hot-water pipe was brought from the boiler to the same. The mixer is supplied with valves to regulate the influx of either hot or cold water, and it is also supplied with a thermometer to register the heat after the waters have been mixed. From this mixer is carried a rubber hose, about six feet in length. At the end of the hose is a nickel-plated spray, which throws out a series of fine streams of water.

"Our method has been this: Some five or six patients are placed in a row upon the marble slab, which has been warmed by spraying it with hot water. In the ears of each patient we place a little cotton to avoid the possibility of injuring the ear drum. Each patient is then supplied with a cake of soap, and an attendant turns on the stream, having carefully observed that the temperature of the water is right. The temperature in the mixer, as it is now arranged, will remain at about

100 degrees; it is, probably, ninety-eight and one-half, or blood-heat, when it reaches the surface of the person that is being washed. One careful attendant can spray six patients at a time, and about five minutes are spent in spraying each block of six. After being thoroughly soaped and rubbed down and sprayed, each patient passes into a closed hall that is sufficiently warmed, and is furnished with a clean towel, or more than one if necessary, with which to wipe himself dry. If the patients need help, an attendant is at hand to rub them down after the bath. As soon as one set passes out of the bath-room, another set passes in, and thus about sixty patients can be bathed in an hour, with pure and correctly tempered water in sufficient abundance. While we may bathe sixty patients an hour by this process, each patient has the benefit of a five-minutes' bath.

"The advantages of this method are:

"(1) The dangers of scalding in a tub are avoided. Even if the water in the mixer should be quite hot, it inevitably cools to a certain extent before it can reach the body of the patient.

"(2) It furnishes clean water to each patient, and there is no opportunity for a lazy attendant to bathe three or four patients in the same tub of water.

"(3) The bath seems to be invigorating and exhilarating, and is greatly enjoyed by all the patients who are capable of appreciating its pleasures.

"This form of bathing furnishes not alone an opportunity for cleanliness, but as the water is applied with fine force over the entire surface of the human system, it stimulates to healthful action all the nerve extremities and it thus seems to invigorate the entire system. It is a variety of Swedish movement cure, in which a drop of water constitutes a dainty, globular silver hammer that taps gently upon each nerve fibre beneath the skin and awakens it to renewed life and to normal action.

"It affords me pleasure to state that thus far this method of bathing, which is new to this institution, is most satisfactory, both to patients and attendants. By the old method of bathing, only five or six patients could be bathed in one tub in an hour. It was a slow and tedious process of drawing the water, of tempering it, of allowing the patient to bathe, and then drawing the soiled water from each tub and filling it with fresh water again. By the old method, the attendant was obliged to endure a series of long and monotonous waitings, and thus he might in time quite naturally become careless and inattentive to duty. But the new method compels the close attention of the attendant while he works, but his task is soon and satisfactorily completed.

"You may put us on record as being in favor of this method, and you are entitled to our earnest thanks for bringing this system of bathing to our notice, and for urging its adoption.

"Very truly yours.

"SELDEN H. TALCOTT,
"*Medical Superintendent.*"

STATE OF NEW YORK:

WILLARD STATE HOSPITAL.
WILLARD, SENECA LAKE, *April* 20, 1892.

To the State Commission in Lunacy, Albany, N. Y.:

GENTLEMEN—Your letter of the fourteenth instant, asking for an expression of opinion in regard to the use of the "spray baths," which were introduced at Commissioner Brown's suggestion, is at hand.

In reply I would say that two have been in use for several months past, one at the infirmary for men, and one at the infirmary for women, and that in both buildings their use has been attended by the most gratifying success. In my opinion the "spray bath" has four distinct and important advantages over the ordinary tub:

1. It is absolutely safe. There is no possibility of scalding a patient and the more remote danger of suicide in a bath tub is also overcome.

2. Cleanliness is assured and the temptation offered to lazy attendants to bathe more than one patient in the same water is removed.

3. A great amount of time is saved, which under the old method is used in filling and emptying the tub. Our experience has been that one spray will do the work of two tubs in a little more than half the time.

4. There is much less hot water used and a consequent reduction in the amount of coal consumed. While we have made no accurate experiments in this respect, my opinion is that the saving is considerable.

I am, very respectfully yours.

CHAS. W. PILGRIM,
Superintendent.

In the same line of policy it addressed to boards of managers the following general recommendation:

"Recommended. The Commission deems it useful and important to call your attention to the great advantage, in manifold ways, of supply-

ing means and materials for employing all the available patients, not already occupied in indoor or outdoor service, at some light industrial pursuit which, while not unduly exhaustive of physical energies, may produce the wholesome effect that employment of body and mind when judiciously directed never fails to have. The Commission has been impressed by a belief that in some at least of the State hospitals there are too many patients idle who might be employed in some suitable manner to the promotion of their own improvement and to the better administration of the hospital. As a hint in that direction it mentions as possible sources from which to take up some industry that may serve the purpose, the making of brushes, brooms, mats, rugs, straw braid, baskets, wooden ware, willow ware, etc., etc."

Beside the foregoing instances, the Commission has made various other suggestions and recommendations which it believed would tend to improve the asylum service and promote the general welfare of the insane. It is gratified to be able to state that these recommendations have been cordially received, and with hardly an exception there has been a cheerful compliance with them, both in spirit and in letter.

It is in the determination of questions of the above nature, relative to methods of management, that the Commission believes its powers can be profitably exercised and without which power its work would be practically valueless. It would be absurd to say that it should not have the power to make and enforce a general recommendation, which should apply to all the institutions for the benefit of the whole body of the insane, and that it must wait until a case demanding it arose in each institution before it should be permitted to apply a remedy.

CHAPTER 23.

Parole of Patients.

Experience, it is believed, had demonstrated the wisdom of providing for the occasional granting of definite leave of absence to convalescent patients in order that their fitness for discharge and full restoration to liberty may be gradually tested. Over a year ago the Commission, in the absence of any specific provisions of law on the subject, issued an order regulating the parole of patients, providing that it should not extend beyond a period of

thirty days without renewal, and surrounding it with what were believed to be proper safeguards. Among other things, "that no insane person while in the custody of an institution be permitted to go upon parole, who, in the judgment of the medical superintendent is homicidal, suicidal, destructive or dangerous either to himself or to others." In practice, this provision has worked exceedingly well. In no case where it has been faithfully observed has an unfortunate result occurred.

One of the great advantages of permitting patients to go out upon parole, aside from the matter of a trial of their fitness to resume their former relations in life, is that, if found to be unfit, they may be returned without the trouble and expense of a recommitment and without renewed publicity and annoyance. These are both serious matters. The expense of the commitment of an insane person is considerable, and necessarily varies according to the means of the patient. Even in the case of the dependent, few are committed at an expense of less than twenty-five dollars. It becomes a serious charge in many instances.

The statute, however, should explicitly provide for the paroling of patients, specifying as far as possible, in detail, the conditions under which a parole may be granted. The statute necessarily carries far more weight than the order or direction of any executive body.

The Commission would recommend that the statute be amended so as to provide for a parole not to exceed thirty days, with suitable restrictions, to be approved by the Commission.

CHAPTER 24.

FIRE PROTECTION.

The attention of the Legislature is again earnestly called to the absolutely necessity which exists for outside iron fire-escapes on all buildings two stories or over in height used for housing the insane. It is noteworthy that very recently the Legislature, responding to a very proper sentiment on behalf of the greater protection for school children from the perils of fire while occupying school-houses of two stories in height or over, enacted a law requiring that for such houses outside fire-escapes should be

provided. If, then, there be a recognized need of such protection for school children, even the youngest of whom are physically well and in possession of mental faculties which make them capable of being drilled and trained in methods of systematic exit from their rooms, and who occupy those rooms only in daytime, how much stronger should the need of like protection be felt for insane or very sick persons who are obliged to occupy their quarters day and night, some of them locked in separate apartments, many of whom are incapable of discipline or drill, and thereby rendered, of all disabled perso s, the most helpless in emergencies of any sort, and particulary so in case of fire, with its attend nt confusion, tumult and horror.

The asylums of the city of N ork are fairly provided with such fire-escapes, and the patients are required to go down these fire-escapes frequently, in order to accustom them to their use. In the State hospitals, with a few exceptions, outside iron fire-escapes have not been provided. In some of the State hospitals inside inclosed "fire-proof" stairways have been provided, and these seems to be regarded as amply sufficient for the purpose, and much stress is laid on the fact that it is impossible for them to burn. This may readily be granted. But the danger in case of fire is not always confined to actual burning; more frequently injury and death are caused by suffocation or trampling. In case of a fire breaking out in a hospital, it is not easy to see what could prevent these stairways from quickly filling with smoke and gas, so that egress from them would be practically impossible. Moreover, the construction of these inside stairways is very expensive. For a lesser outlay a much more satisfactory outside iron stairway could be provided. In such stairways there is obviously no opportunity for smoke and gas to collect. The moment the door is opened the patient steps out upon an iron platform, fully protected by a wire network through which the air has free access.

Nearly every building in this State used for the insane is at least two stories in height, and some are of four stories and over in height, while many of the buildings are entirely combustible, and a fire, would spread with great rapidity. It is true that all of the asylums in the State are now

provided with what is believed to be ample inside fire protection. Nevertheless, with the most perfect precautions, fires will occasionally occur, and in the case of institutions for the insane, they are often very destructive of both life and property.

In the case of the private asylums, the Commission has had little difficulty through its recommendations in procuring the erection of suitable fire-escapes. But in the case of State hopitals it can not compel the erection of these fire-escapes, because of the lack of money, which necessarily must be appropriated by the Legislature for that specific purpose.

Shortly before the writing of this report, the newspapers were filled with harrowing accounts of the destruction of a general hospital in the State of Indiana containing 300 inmates, in which a large number of lives were lost through the utter inadequacy of the fire protection, to say nothing of lack of outside fire-escapes.

The Commission has exercised its full powers in making suitable recommendations relating to fire protection.

These recommendations it supplemented by the following circular letter:

[Form 62.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

ALBANY, N. Y., *June* 24, 1891.

At a meeting of the State Commission in Lunacy, held this day, in the Capitol, Albany, the following circular was prepared and ordered printed, copies to be forwarded to every institution in the State for the care and custody of the insane:

To State Hospitals and all Asylums for the Insane in the State of New York:

In view of the fact that at two of the State hospitals fires have broken out within a recent period, happily without serious consequences, although at one the flames had made considerable headway and for a time threatened destruction of the building, the Commission feels impelled to call attention of superintendents, assistants, attendants and employes in the hospitals and asylums renewedly to the recommendations heretofore made as to inside fire protection, and to urge constant vigilance and care in carrying them out.

While it believes that these institutions are fairly well equipped with apparatus for the extinguishment of fire and that the officials are

attentive and zealous in seeking to understand its proper use and to keep it in efficient working order, yet in the possible event of fire breaking out in such an institution the danger to the lives and limbs of those hapless persons domiciled therein is so great and so appalling, to say nothing of the property interests involved, that the Commission can not too strongly insist upon rigid observance of the precautionary measures specified in its former recommendations under this head.

By the Commission:

T. E. McGARR,
Secretary.

In a recent publication on fires in hospitals for the insane, it is shown that within the past forty years 241 lives have been lost, and that, so far as figures are obtainable, $1,674,000 in property has been destroyed. These figures are certainly appalling, and merit the earnest consideration of every person who has the welfare of this unfortunate class at heart.

CHAPTER 25.

Recoveries.

The value of any system of government, from that of the State itself down to its smallest subdivision, must be judged and determined solely by the results accomplished. Consideration of a particular locality or interest, or of even a majority of interests will not suffice — the whole field must be carefully examined in detail as well as in mass.

In nothing is this more true than in arriving at a determination of the value of the system of care and treatment of the insane in the State of New York. All of the inmates of all its institutions must be carefully considered, and the results attained in each case must be carefully analyzed, compared and defined before a conclusion of any value can be reached as to whether the system of government of the institutions for the insane has reached its highest point of efficiency or whether it is yet behind the needs and requirements of the age.

It will not do to judge of this value by a separate consideration of the system of State hospitals or a portion of them, or of the private asylums, or of the exempted county system. The results

of all must be viewed from a common standpoint — the inmates of the State hospitals, those of the exempted counties, those of the county poor-houses, those in the private asylums — all must be considered, all having been adjudged insane, and all held in confinement under process of law, and the final and decisive question is how many of the whole body of the insane in the State of New York recover. In order to reach an absolutely impartial determination of the matter the thousands of this unfortunate class that have been in custody for years in the poor-houses and so-called "chronic" asylums must be taken into account, and the question why have so large a number of these unfortunates remained uncured must be answered. When all this has been done the State may properly determine whether its system is good or bad.

The truth about this matter should be told fearlessly. Personal hopes and desires must give way to the general interest of the people.

The superintendent of an asylum in a neighboring State in an official report makes this statement: "It is misleading and calculated to depreciate the results of hospital treatment in the public estimation to make a statement of the percentage of recoveries based on the whole number treated, which embraces the chronic and 'incurable' who remain from year to year as a permanent element of a hospital population." It is not a question of depreciating the results of hospital treatment in the public estimation. It is, however, a vital question which must be answered, as to what proportion of persons who became afflicted with insanity recover from this dread disease. It is not justifiable to deceive the public directly or indirectly. The people consent to be taxed just in proportion as they believe the money raised by taxation to be necessarily and honestly and properly expended. The moment they become satisfied that any department of the government — and this has been illustrated too often to admit of dispute — is not productive of good results, that moment the people demand reform. It is true that people may for a long period be deceived, through inattention, through willfulness or through ignorance, but the time must certainly come when the truth will be laid bare.

But in order to determine this question there must be some common standard of comparison. No results of any sort of value can be reached so long as each particular institution is permitted to determine this question according to its own methods. It is here, if another example be needed, that the State may properly say that "individuality" must be set aside for the common good of all.

It need hardly be pointed out that to reach any intelligent conclusion as to results in the matter of recoveries would require that the percentage of recoveries should be estimated on a common basis for all the institutions. The same also applies to the death rate. In other words, if one institution should estimate its percentage of recoveries on the basis which was calculated to show the highest rate, and its percentage of deaths on the one which would show the lowest rate, and publish the figures loudly proclaiming superiority over other institutions of a similar grade, whose recovery and death rates were properly based on the average daily number of inmates, it would be manifestly unfair and misleading. Dr. Pliny Earle, in a most exhaustive article, read before the association of superintendents of American institutions for the insane in 1885, showed how misleading generally were the figures given upon the subject of the recoveries of the insane, and pointed out instances in the early history of asylum management where it was asserted that practically the entire population recovered, one superintendent claiming more than ninety-one per cent of recoveries. Another point revealed by an examination of this paper was the exceeding difficulty of making any sort of comparisons of value. It requires not only long research, but most exhaustive study, in order to come to any reliable conclusion.

By reason of this diversity in methods of estimating the percentage of recoveries, the Commission, soon after the organization, determined, if possible, to establish a common standard of comparison. To this end it conferred with a majority of the superintendents of the State hospitals, and an agreement was reached that the fairest basis of comparison would be the percentage of recoveries and of deaths based upon the average daily population. This method is the one now followed by the Commission in

determining the ratio of recoveries and of deaths in all the institutions of the State, and while it would not claim that this is the only method, or that it is the best possible method, it believes that it is the fairest method, and the one most likely to disclose the whole truth upon the subject.

There is in custody in the State of New York, a daily average population of about 16,000 committed and registered insane. The daily average population for the year ending September 30, 1891, was 15,684.

This being a substantially constant population, it is pertinent to inquire how many out of this number each year recover. It would seem that there need be no difficulty in arriving at the percentage. If there is an average daily population of 16,000, and 1,100 each year are discharged as recovered, it would clearly appear to follow that about seven per cent of the insane recover. It is, however, frequently urged that this takes into consideration the entire population including old cases, the so-called "chronic" class. How to eliminate this element in arriving at the truth is not easy to understand. At this point the Commission does not wish to be understood as trying to "depreciate" the results of asylum care and treatment in the State. It believes that the treatment of the insane in the existing hospitals and institutions of the State of New York to be fully equal to that of any other State in the Union, and that especially since the passage of the State Care Act it has been placed in advance of many other States. Nevertheless, it desires to state the whole truth upon this subject.

The following general statement is here offered for the information of those who have not the time or inclination to carefully examine the detailed statistics upon this subject.

In considering these tables, however, attention may properly be called to three matters :

First. That the inmates of county poor-houses are accounted a part of the State hospital system. This is done for the reason that they properly can not be placed elsewhere, as these inmates, now about 1,200 in number, are awaiting transfer to the State institutions, and since the passage of the third and last State Care Act in 1890 all licenses to care for insane in these

poor-houses have been abolished. Furthermore, with few exceptions, each registered insane person now in these poor-houses at one time or another has been an inmate of a State hospital, while in estimating results the throwing these inmates of county poor-houses out of the calculation would affect the totals to only a slight extent.

Second. That in considering the percentage of "cures" in county institutions, it must be borne in mind that the information is derived from reports of lay superintendents of the poor or of physicians, most of whom have had neither special knowledge nor training upon the subject, and that exact or reliable figures are not obtainable. It should not be forgotten, too, that a certain limited number of insane recover in any event, no matter what their situation, surroundings, or treatment.

Third. That the Rochester State Hospital was not organized until July 1, 1891, previous to which time it was known as the Monroe County Asylum.

Two tables are given, the first for the year ending September 30, 1890; the second for the year ending September 30, 1891. This is necessary in order that the effects of the State Care Act on the system may be taken into consideration:

Table showing the number and percentage of recoveries, based upon the average daily population in the general hospital system of the State, during the year ending September 30, 1890:

(1.)

State Hospital System.

INSTITUTION.	Average daily population.	Recoveries.	Percentage.
Utica State Hospital	690.9	135	19.53
Hudson River State Hospital	573	106	18.00
Middletown State Homœopathic Hospital	578	105	18.16
Buffalo State Hospital	411	120	29.19
Willard State Hospital*	2,052	13	.06
Binghamton State Hospital*	1,096	17	1.55
State Asylum for Insane Criminals	224	8	3.56
County-houses	2,100	55	2.50
Total	7,724.9	559	7.23

* Inmates largely composed of so-called chronic cases transferred from other State hospitals to these institutions when they were conducted under the old law on the "chronic" basis.

(2.)

EXEMPTED COUNTY SYSTEM.

INSTITUTION.	Average daily population.	Recoveries.	Percentage.
New York city asylums	4,969	273	5.49
Kings county asylums	1,836	115	6.26
Monroe County Asylum	329	13	3.09
Total	7,134	401	5.62

(3.)

LICENSED PRIVATE ASYLUM SYSTEM.

INSTITUTION.	Average daily population.	Recoveries.	Percentage.
Seventeen in number	825	148	17.93
Grand total	15,684	1,108	7.06

Table showing the number and percentage of recoveries, based upon the average daily population in the general hospital system of the State, during the year ending September 30, 1891:

(1.)

STATE HOSPITAL SYSTEM.

INSTITUTION.	Average daily population.	Recoveries.	Percentage.
Utica State Hospital	786	108	13.74
Hudson River State Hospital	733	93	13.00
Middletown State Homœopathic Hospital	709	113	15.93
Buffalo State Hospital	509	129	25.34
Willard State Hospital	2,055	36	1.70
Binghamton State Hospital	1,136	34	2.90
Rochester State Hospital	352	18	5.10
St. Lawrence State Hospital	227	29	12.70
State Asylum for Insane Criminals	240	27	11.20
County-houses	1,600	46	2.93
Total	8,348	633	7.58

(2.)

Exempted County System.

INSTITUTION.	Average daily population.	Recoveries.	Percentage.
New York city asylums	5,219	190	3.64
Kings county asylums	1,948	109	5.59
To al	7,167	299	4.17

(3.)

Licensed Private Asylum System.

INSTITUTION.	Average daily population.	Recoveries.	Percentage.
Seventeen in number	817	136	16.64
Grand total	16,332	1,068	6.53

To those especially interested in this subject the following tab e will be interesting as showing the results of treatment in the State hospitals in the line of recoveries. The table shows the results for the ten years 1882 to 1891, inclusive. It must be borne in mind that except during the past two of these years the old acute and chronic systems prevailed; that all of the so-called "chronic insane" were separated from the so-called "acute insane." During the past two years the State Care Act has been substantially in full operation; the old "chronic" cases have been removed from the State hospitals and a complete intermixture has been made. These tables, if they show anything, tend to disprove the claims that have been made that the workings of the final State Care Act were detrimental to the interests of the insane as a whole by forcing the association of the so-called "chronic" with the so-called "acute" insane. They show that it has had no detrimental effect whatever. In fact the effect has been beneficial rather than otherwise.

TABLE

Showing daily average population and recoveries, based on daily average population for the years 1882–1891, ***inclusive.***

1882.

HOSPITALS.	Average population.	Recoveries.	Per cent.
Utica	621	109	17.55
Hudson River	232	43	18
Middletown	237	69	29.11
Buffalo	250	55	22
Willard	1,759	18	1
Binghamton	156	4	2.56
Total	3,255	298	9.1

1883.

Utica	591	129	21.82
Hudson River	262	46	18
Middletown	265	69	26.03
Buffalo	295	65	22
Willard	1,748	15	.8
Binghamton	341	11	3.22
Total	3,502	335	9.56

1884.

Utica	614	89	14.52
Hudson River	342	73	21
Middletown	289	68	23.52
Buffalo	340	80	26.4
Willard	1,790	13	.7
Binghamton	502	15	2.98
Total	3,877	338	8.7

1885.

Utica	584	122	20.89
Hudson River	369	48	13
Middletown	329	66	20.06
Buffalo	352	77	21.8
Willard	1,835	17	.9
Binghamton	674	18	2.67
Total	4,143	348	8.4

Daily average population, etc.— (Continued).

1886.

HOSPITALS.	Average population.	Recoveries.	Per cent.
Utica	577	79	13.69
Hudson River	398	70	17
Middletown	410	80	19.51
Buffalo	365	74	20.2
Willard	1,835	12	.6
Binghamton	852	17	1.99
Total	4,437	332	7.4

1887.

Utica	595	97	16.30
Hudson River	397	78	20
Middletown	467	96	20.55
Buffalo	378	107	28.3
Willard	1,810	10	.5
Binghamton	994	10	1.6
Total	4,641	398	8.5

1888.

Utica	602	99	16.45
Hudson River	441	79	18
Middletown	506	100	19.76
Buffalo	395	82	20.7
Willard	1,892	14	.7
Binghamton	1,053	28	2.65
Total	4,889	402	8.2

1889.

Utica	645	126	19.53
Hudson River	475	102	21
Middletown	536	101	18.84
Buffalo	383	90	23.49
Willard	2,004	20	1
Binghamton	1,100	19	1.72
Total	5,143	458	8.9

Daily average population, etc.— (Concluded).

1890.

HOSPITALS.	Average population.	Recoveries.	Per cent.
Utica	690	135	19.58
Hudson River	573	106	18.00
Middletown	578	105	18.16
Buffalo	411	120	29.19
Willard	2,052	13	.60
Binghamton	1,096	17	1.55
Total	5,400	496	9.

1891.

Utica	786	108	13.74
Hudson River	733	93	13.00
Middletown	709	113	15.93
Buffalo	509	129	25.34
Willard	2,055	36	1.70
Binghamton	1,136	34	2.90
St. Lawrence	227	29	12.70
Rochester	352	18	5.10
Total	6,507	560	8.6

A comparison of results of the two years shows a falling off of about one-half of one per cent during the past year. This occurs, however, in the exempted county system.

Attention is directed to the comparative summary in the State hospitals, page 205, where the results are shown, based on admissions, average daily population, and whole number treated.

In a consideration of this subject, as shown by these comparative tables, so far as concerns the State hospitals, it must be remembered that during the past year great disturbances in their regular operation have occurred, by reason of the extensive transfers to them of registered insane from county poor-houses, thus breaking in for a time upon the existing classification and conditions, and necessitating a general rearrangement; and it might naturally be expected that temporarily unfavorable effects upon the State hospital system as a whole would be noted. Such, however, has not been the case, for while the percentage of recov-

eries has fallen off somewhat at the Utica State Hospital, at the Hudson River State Hospital, at the Middletown State Homœopathic Hospital, and at the Buffalo State Hospital, this loss has been more than overbalanced by increased recoveries at the Willard State Hospital, at the Binghamton State Hospital — these last-named institutions are now receiving all classes of the insane—at the Rochester State Hospital, at the St. Lawrence State Hospital and at the State Asylum for Insane Criminals, the gain in the whole State hospital system for the past year being thirty-five one-hundredths of one per cent, thus clearly indicating that the results during the past year have been exceedingly favorable; and this is the more notable, when it is considered that, with hardly an exception, the transfers have been of persons who have been insane for a considerable time, and of whose recovery the chances were correspondingly doubtful. Had these been eliminated, the rate of recoveries of the remaining patients in the State hospitals would have been considerably in excess of the previous year. Furthermore, the admission of these so-called poor-house cases to institutions where they could have the benefit of humane treatment, has not had any unfavorable effect whatever, thus showings conclusively, that while a greater number than ever before of the insane poor have had the benefits of proper care and treatment, the change has been followed by a rise in the average of recoveries, the supreme test of the whole system.

CHAPTER 26.

Decrease of Insanity.

In its last annual report, the Commission discussed this question at considerable length, and was able to show that, while up to within a recent period, insanity in this State had shown a marked increase in proportion to the increase in population, the indications were that the highest point had been reached, and that the ratio of insanity to the population was, on the whole, rather decreasing than increasing, The Commission now is gratified to be able to show that it was justified in the views which were presented in its last report. Moreover, this view is confirmed by the observation of others who have given the subject careful consideration

So far as the State of New York is concerned, the Commission does not desire to be understood as committing itself entirely to this view, for the reason that, previous to the passage of the statute which required a registration of all of the insane in the State, the figures could hardly be expected to be reliable, as there was no uniform system of reporting admissions, discharges, etc. Moreover, large numbers of uncommitted insane must have been included, especially by keepers of the poor-houses of the State, as subsequent developments have clearly shown, in the returns made by these officials of the committed insane. This was also true in the case of the private institutions. As stated in its last annual report, no statements of real value as to the increase of insanity can have any other basis than statistics of those insane persons who have been judicially determined to be such. In all other cases the allegation of insanity is mere matter of opinion, about which there may be, and often is, a very wide divergence of views among physicians; and even in the case of the registered insane, unless the system of reporting is uniform throughout the State, and substantially the same rating of mental conditions is given to cases on discharge, no results of value are obtainable.

Then, too, other elements of uncertainty enter into the question, as, for example, has the maximum been reached in the removal of insane from families? Has full value been given to the element of distrust of institutions for the insane? Certainly, from the figures, it would seem that these questions may be answered negatively.

Dr. A. E. Macdonald, the general superintendent of the New York city asylums, who has been connected with their government for nearly a quarter of a century, has this to say in his last annual report:

"In a word there was a net gain of 221 patients under the care of your department at the end of the year over the number in residence at its opening. [The statistical year of the New York city asylums, as used in their reports to the commissioners of charities and corrections, does not correspond with the statistical year of the State.] This represents about the average, or even somewhat less than the average gain of many years past, and should negative the constant

cry of the alarmists that insanity is either greatly increasing in proportion to the population or in relation to other tests. As a matter of fact, the proportionate increase in the number of the insane coming under the care of your department has for twenty years preserved a remarkably even ratio. In some years it has fallen off a little, in others increased a little, but the average has remained virtually unchanged, and special temporary causes fully accounting for the variations have always been readily recognizable. In reality, the absolute increase of insanity has been inconsiderable. The present methods of examination and enumeration are more efficient than former ones, and a considerable percentage of the apparent increase is thus accounted for. In other words, cases of insanity are now known to exist and their existence is taken account of in preparing statistics, where a few years since, though equally existent, they were ignored or concealed, and, in any case, unenumerated. Again, with improvement in methods of care and treatment in insane asylums, with more intelligent understanding of their purposes and conduct, and especially with the growth in the public mind, slight though it may be, of the idea that insanity is not a crime or a curse to be ashamed of and concealed, but a sickness to be treated and recovered from, patients are coming to the asylums and consequently to the knowledge of the emumerator, who would otherwise have been unknown and uncared for."

While it may not be entirely relevant to this report, it may be stated that recorded observations in England tend to bear out the conclusions here reached.

The percentage of increase for each year over the previous year, from and inclusive of the year 1881 to and inclusive of the year 1891, has been as follows:

	Per cent.
1881	5.4
1882	6.4
1883	5.9
1884	6.8
1885	4.8
1886	6.5
1887	3.9
1888	5.0
1889	4.8
1890	3.5
1891	3.8

Average increase 5.1 per cent.

The increase, therefore, for each of the last five years, is less than the average for the past eleven years. The past five years also show an average percentage of increase of 4.2 per cent, while the preceding five years shows an average of 6.8 per cent, a decrease during the past five years over the preceding five years of 1.88 per cent.

This decrease, while small, is highly important as showing that the limit has been reached and that the tide of insanity is slowly but surely beginning to recede. But it is even more important when considered in relation to the point argued by the general superintendent of the New York city asylums, namely, that cases of insanity are now being brought more generally to the attention of the enumerator, thus clearly indicating that if this were not the case, the decrease might be very much larger than as reported.

CHAPTER 27.

INVESTIGATIONS.

The Commission is gratified to be able to state that during the past year only one formal complaint against the management of institutions for the insane was filed in its office. A complaint was made in writing alleging cruel and improper treatment of a woman patient in the Hudson River State Hospital. It was sworn to by her husband and brother. A majority of the Commission proceeded to the Hudson River State Hospital and made a formal investigation. Each nurse, attendant and physician connected with the case was separately examined; also the patient. Moreover, the woman physician attached to the hospital examined the person of the patient with reference to the existence of bruises and marks, and swore that such did not exist. At the conclusion of the evidence in the case, the Commission was satisfied that the charges were unfounded, with the single exception that it was charged that the woman was found in bed without a nightgown, having on simply a cotton undergarment. The evidence disclosed the fact that the woman was a private patient, and that her friends had provided her with only two nightgowns; that each of these was soiled in quick succession, and that pending their return from the laundry the

nurse, although it was against the rules, provided the woman with the cotton undergarment. It was freely admitted, however, by the physician in charge that this, although involving no wrong or hardship, was against the rules and should not have been permitted.

The attention of the Commission was also directed to the management of the Kings county asylums, which is referred to under the head of "Exempted Counties," wherein a full statement of the result of this investigation is given.

The Commission also investigated two cases of accidental deaths by scalding, as follows:

First. At the Bloomingdale Asylum for the Insane. An investigation of the facts in this case showed substantially the following: The patient in question was one at private charge, and was about being bathed by the attendant, who was proven to be unusually careful and of long experience and thoroughly trustworthy. The patient was in the last stage of paresis. The bath-tub used was one in which the water entered at the bottom. The attendant, as he supposed, had properly regulated the temperature, but undoubtedly had accidently left the hot-water faucet open, and after a momentary absence, a disturbance having arisen upon the hall just outside, he returned and found that the patient himself had stepped into the tub, had sat down and then got out. Although he was not in a mental condition to make a complaint, it was found that he had been badly scalded, from the result of which he died in the course of a short time.

Second. An occurrence of a nearly similar character, and under almost similar circumstances, took place at the Utica State Hospital. A careful investigation was made of the circumstances of this case, which showed that beyond all question the patient had received injuries in nearly the same manner as in the case at the Bloomingdale asylum above referred to.

In both cases the accidents were rather the fault of a system than of individuals, the system at these institutions then being the system pervailing throughout the entire State. In both cases the Commission made the appropriate recommendations that this class of patients should not be bathed in tubs, and that it was unwise to use tubs of this character, and it directed that this class of patients

should be bathed by what is known as the spray system, when the danger of injury is greatly diminished. This subject is fully treated of under chapter 22 "Management of Institutions."

CHAPTER 28.

STATE HOSPITAL FOR EPILEPTICS.

There can be no question as to the desirability of the State making special provision for epileptics of the dependent and semi-dependent class, apart from the insane. The practice which now obtains of confining epileptics proper in hospitals for the insane as insane persons and commingled with the insane is an injustice to both classes, and one which, in the opinion of the Commission, the State should take early steps to remove by the establishment of a State hospital especially devoted to the custody, care and treatment of epileptics.

Authorities are substantially agreed that quite a large proportion of the victims of epilepsy are comparatively free from morbid mental disturbances in the intervals between their fits or convulsive seizures, especially in those cases where the intervallery state extends over a comparatively long period of time. In fact, in some cases, no evidence even of mental impairment can be detected; while a large majority of epileptics, though evincing some degree of mental weakness, can not be said to be lunatics in the medical sense of that term. Hence they are obviously out of place on the wards of an insane hospital, and should not, in justice to themselves, be compelled to live in association with the insane, an association that would tend to aggravate their disease. On the other hand, the presence of epileptics on the wards of an insane hospital is most objectionable and also a source of wrong to the insane whose condition, especially at certain stages of their disease, is liable to be greatly aggravated by the shock to which their feelings are subjected on witnessing, as they often must, the painful if not horrible spectacle of an epileptic suddenly uttering an unearthly scream and falling to the floor in a state of unconsciousness, there to writhe and struggle for a greater or less period in a state of convulsive spasm—his face livid, his

eyes and features distorted, his breathing stertorous, bloody saliva oozing from his mouth, and frequently the united efforts of several attendants being required to prevent him from the infliction of severe or serious self-injury. The effect of such scenes as this, which are of frequent occurrence on many of the wards of our hospitals for the insane to-day, upon the mental condition of a patient who perhaps is just emerging from a condition of mania or melancholia into one of convalescence, but whose mind is still in the shadow of the cloud which has but recently overcast his mental horizon, can readily be imagined.

In fact, it is the concensus of opinion among physicians of experience in public insane hospitals, that the exposure of convalescent patients to scenes of the kind referred to involves very great danger of a relapse in their mental condition from which they may perhaps never again recover.

Then, too, there are quite a large number of epileptics confined in the county poor-houses throughout the State, and this the the Commission regards as a still greater wrong to that class of unfortunates, who, being the victims of one of the most dreadful and in many respects the most formidable malady which afflicts mankind, require more or less constant and intelligent medical supervision and care, and especially while they are within the so-called "epileptic circle," as every experienced physician well knows.

In the judgment of the Commission neither the wards of a hospital for the insane nor the unsuitable provision and care afforded at the average county poor-house are suitable places of confinement for persons afflicted with this dread malady, many of whom are children, or at least have not attained to adult age.

The establishment of a State hospital for this class and the removal to it of such of the epileptics as are now confined in the State hospitals for the insane would relieve these latter institutions of a very undesirable class of inmates, and, at the same time, afford additional and much-needed room therein for the insane. Such an institution should be open to the admission of all epileptics who are not insane in a medical sense, and who are unable to obtain private care. The method or process of commitment should be simple and as easy of operation as that now in vogue for admission to the Syracuse State Institution for Feeble-Minded Children.

The Commission would not advocate the removal from the State hospitals of epileptics who are actually insane, and whose mental condition is such as to justify their commitment and detention on the ground of insanity — in other words, cases of so-called epileptic insanity, the epilepsy being simply a causative factor. This class of cases, the Commission believes, would be much out of place in a hospital for ordinary, or non-insane epileptics, and they should be provided for in the hospitals for the insane, and in view of the dangerous tendencies of this class, they should be cared for in separate wards or separate buildings designed especially for the purpose.

In connection with this subject the Commission would suggest, that under proper medical and surgical treatment, or both, a proportion of epileptics are susceptible of cure.

The collection of a large number of this class in a properly organized and equipped hospital would afford opportunity for study and research by physicians who would eventually become especially skilled in the knowledge and treatment of this disease, and would thereby materially augment our present knowledge of its nature and causation, and in this way lead to far better results in the percentage of cures.

As has been well said, epileptics are the only defective class for which this State has made no separate provision, though other States and other countries have done so. Germany founded a colony for epileptics upwards of a quarter of a century ago, consisting of simple, inexpensive buildings, with provision for curative treatment of the curable, amelioration and prevention of the intellectual decay of the incurable; subsequently several other colonies for epileptics were established in Germany. There is also one each in Holland, Switzerland and France, all in successful operation, while recently Ohio has begun the foundation of the first State hospital for epileptics in this country.

Surely New York ought not to fall behind in a humane movement of this kind. The question is already being agitated in various quarters of the State, and the Commission is in receipt of urgent communications on the subject from prominent physicians and others, which seem to warrant it in thus bringing the subject to the attention of the Legislature.

PART V.

STATISTICS.



CHAPTER 29.

GENERAL STATISTICAL REVIEW.

The number of committed and registered insane in the State on October 1, 1891, was as follows:

State hospital system (including the State Asylum for Insane Criminals)	7,200
State hospital system (insane remaining in county poor-houses awaiting removal to State hospitals)	1,215
Exempted county system (New York and Kings counties)	7,387
Licensed private asylum system	846
Total	16,648

The net increase over the preceding year may be classified as follows:

State hospital system	159
Exempted county system	455
Licensed private asylum system	28
Total	642

The details of the foregoing statement will be found in the following table:

STATE HOSPITAL SYSTEM.

INSTITUTIONS.	REMAINING OCTOBER 1, 1890.			ADMITTED DURING YEAR ENDING SEPTEMBER 30, 1891.			TOTAL IN CARE DURING YEAR ENDING SEPTEMBER 30, 1891.			REMAINING OCTOBER 1, 1891.			INCREASE OR DECREASE.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.
Utica State Hospital	369	381	750	228	193	421	597	574	1,171	395	383	778	28	.....
Hudson River State Hospital	370	291	661	273	170	443	643	461	1,104	495	358	853	192	.....
Middletown State Homœopathic Hospital	322	294	616	176	179	355	498	473	971	308	372	765	159	.....
Buffalo State Hospital	236	229	465	236	203	439	472	432	904	298	287	585	120	.....
Willard State Hospital	963	1,065	2,048	183	135	298	1,146	1,200	2,346	907	1,073	2,070	22	.....
Binghamton State Hospital	531	576	1,107	132	150	282	663	726	1,389	504	653	1,157	50	.....
St. Lawrence State Hospital	.....	.....	.....	241	225	466	241	225	466	198	189	387	387	.....
Rochester State Hospital *	164	177	341	47	48	95	211	225	436	173	193	366	25	.....
State Asylum for Insane Criminals	218	18	236	67	2	69	285	20	305	222	17	239	3	.....
Total	3,193	3,021	6,214	1,563	1,305	2,868	4,756	4,326	9,082	3,675	3,525	7,200	986	.....

* Not included as State hospital last year.

COUNTY ALMS-HOUSES.

Albany	10	9	19	.....	.....	.....	10	9	19	8	8	16	.....	3
Allegany	2	3	5	.....	.....	.....	2	3	5	.....	.....	.....	.....	5
Broome	38	40	78	.....	.....	.....	38	40	78	33	39	72	.....	6
Cattaraugus	37	35	72	.....	.....	.....	37	35	72	25	35	60	.....	12
Cayuga	6	4	10	.....	.....	.....	6	4	10	6	4	10	.....	.....
Chautauqua	56	55	111	.....	.....	.....	56	55	111	.....	.....	.....	.....	111
Clinton	13	20	33	.....	.....	.....	13	20	33	1	.....	1	.....	32
Columbia	1	7	8	.....	.....	.....	1	7	8	1	6	7	.....	1
Cortland	12	14	26	.....	.....	.....	12	14	26	.....	.....	.....	.....	26
Erie	192	186	378	.....	*14	14	192	214	406	168	179	347	.....	31
Fulton	8	7	15	.....	.....	.....	8	7	15	5	7	12	.....	3
Genesee	5	1	6	.....	.....	.....	5	1	6	.....	.....	.....	.....	6
Greene	2	6	8	.....	.....	.....	2	6	8	3	5	7	.....	1
Herkimer	17	25	42	.....	.....	.....	17	25	42	.....	.....	.....	.....	42
Jefferson	25	22	47	.....	.....	.....	25	22	47	.....	.....	.....	.....	47
Lewis	5	12	17	.....	.....	.....	5	12	17	.....	.....	.....	.....	17

Livingston	19	32	51	.....	.....	.....	19	32	51	19	30	49	.....	21
Madison	22	24	46	.....	.....	.....	22	24	46	.....	.....	.....	.....	46
Montgomery	12	19	31	.....	.....	.....	12	19	31	10	19	29	.....	2
Oneida	144	171	315	.....	.....	.....	144	171	315	140	167	307	.....	8
Onondaga	39	68	107	.....	.....	.....	39	68	107	.....	44	44	.....	63
Orange	36	33	69	.....	.....	.....	36	33	69	32	33	65	.....	4
Orleans	.....	2	2	.....	.....	.....	.....	2	2	.....	.....	.....	.....	2
Oswego	39	47	86	.....	.....	.....	39	47	86	.....	.....	.....	.....	86
Otsego	2	2	4	.....	.....	.....	2	2	4	.....	.....	.....	.....	4
Queens	55	62	117	.....	.....	.....	55	62	117	47	58	105	.....	12
Rensselaer	.....	12	12	.....	.....	.....	.....	12	12	.....	.....	.....	.....	12
Richmond	5	8	13	.....	.....	.....	5	8	13	.....	.....	.....	.....	13
Rockland	.....	5	5	.....	.....	.....	.....	5	5	.....	2	2	.....	3
Saratoga	5	5	10	.....	.....	.....	5	5	10	.....	.....	.....	.....	10
Schenectady	2	1	3	.....	.....	.....	2	1	3	.....	.....	.....	.....	3
Seneca	2	.....	2	.....	.....	.....	2	.....	2	.....	.....	.....	.....	2
St. Lawrence	11	19	30	.....	.....	.....	11	19	30	.....	.....	.....	.....	30
Suffolk	15	22	37	.....	.....	.....	15	22	37	14	20	34	.....	3
Sullivan	9	21	30	.....	.....	.....	9	21	30	.....	.....	.....	.....	30
Tioga	15	19	34	.....	.....	.....	15	19	34	.....	.....	.....	.....	34
Ulster	38	34	72	.....	.....	.....	38	34	72	.....	.....	.....	.....	72
Washington	3	7	10	.....	.....	.....	3	7	10	.....	.....	.....	.....	10
Wayne	26	25	51	.....	.....	.....	26	25	51	26	22	48	.....	3
Wyoming	9	10	19	.....	.....	.....	9	10	19	.....	.....	.....	.....	19
Total	939	1,103	2,042	.....	14	14	939	1,131	2,070	547	668	1,215	.....	827

* Patients temporarily absent in Providence Retreat, a licensed private asylum, and afterwards returned.

EXEMPTED COUNTY SYSTEM.

New York county	2,265	2,782	5,047	721	680	1,401	2,986	3,462	6,448	2,459	2,931	5,390	343	.....
Kings county	782	1,103	1,885	236	250	486	1,018	1,353	2,371	828	1,169	1,997	112	.....
Total	3,047	3,885	6,932	957	930	1,887	4,004	4,815	8,819	3,287	4,100	7,387	455	.....

LICENSED PRIVATE ASYLUM SYSTEM.

Bloomingdale Asylum	142	159	301	81	75	156	223	234	457	145	155	300	.....	1
Providence Retreat	21	90	111	30	44	74	51	134	185	24	84	108	.....	3
Marshall Infirmary	45	53	98	54	33	87	99	86	185	56	56	112	14	.....
Long Island Home	41	34	75	27	25	52	68	59	127	36	41	77	2	.....
Brigham Hall	31	34	65	21	14	35	52	48	100	32	35	67	2	.....
St. Vincent's Retreat	.....	54	54	.....	27	27	.....	81	81	.....	56	56	2	.....

LICENSED PRIVATE ASYLUM SYSTEM — (*Continued*).

	REMAINING OCTOBER 1, 1890.			ADMITTED DURING YEAR ENDING SEPTEMBER 30, 1891.			TOTAL IN CARE DURING YEAR ENDING SEPTEMBER 30, 1891.			REMAINING OCTOBER 1, 1891.			INCREASE OR DECREASE.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.
Brunswick Home *	15	17	32	.....	.....	.....	15	17	32	.....	.....	.....	.....	32
Sanford Hall	11	15	26	2	4	6	13	19	32	12	16	28	2	.....
Dr. Wells' Sanitarium	.....	13	13	.....	8	8	.....	21	21	.....	11	11	.....	2
Louden Hall *	7	1	8	.....	.....	.....	7	1	8	.....	.....	.....	.....	8
Dr. Combes' Sanitarium	6	3	9	35	27	62	41	30	71	15	16	31	22	.....
Dr. Choates' House	2	7	9	.....	2	2	2	9	11	2	6	8	.....	1
Dr. Kittredge's Home †	2	1	3	.....	.....	.....	2	1	3	.....	.....	.....	.....	3
Dr. Parsons' Retreat	2	1	3	.....	2	2	2	3	5	1	2	3	.....	.....
Glenmary Home	4	1	5	7	8	15	8	12	20	6	9	15	10	.....
Dungarthel	.....	2	2	.....	.....	.....	.....	2	2	.....	.....	.....	.....	2
Dr. Lansing's House ‡	.....	1	1	.....	.....	.....	.....	1	1	.....	.....	.....	.....	1
Falkirk	.....	2	2	4	1	5	4	3	7	3	.....	3	1	.....
Vernon House	1	.....	1	12	9	21	13	9	22	2	4	6	5	.....
Breezehurst Terrace	.....	.....	.....	10	12	22	10	12	22	4	5	9	9	.....
Waldemere	.....	.....	.....	9	4	13	9	4	13	8	4	12	12	.....
Total	330	488	818	292	295	587	619	786	1,405	346	500	846	81	53

* License revoked by the Commission. † License relinquished and institution discontinued. ‡ Institution discontinued.



Relative to the increase of the insane during the past year, see chapter 26, "Decrease of insanity."

The number of hospitals and asylums, public and private, for the insane, October 1, 1891, was as follows:

State hospital system (inclusive of the State Asylum for Insane Criminals)	9
Exempted county system (New York, 4; Kings county, 2)	6
Licensed private asylum system	17
Total	32

Total cost of hospitals and asylums for the insane to October 1, 1891:

State hospital system	$9,647,544 10
Exempted county system	4,429,422 11
Licensed private asylum system	1,079,000 00
Total	*$15,155,966 21

Number of persons employed by hospitals and asylums for the insane October 1, 1891:

State hospital system	1,702
Exempted county system	838
Licensed private asylum system	392
Total	2,932

Receipts of hospitals and asylums for the insane for fiscal year ending September 30, 1891:

State hospital system	$1,861,708 61
Exempted county system	956,265 18
Licensed private asylum system	445,858 60
Total	$3,343,832 39

* In its second annual report the total cost was stated at a figure somewhat larger than is here given, owing to the fact that full returns had not been received and the Commission was obliged to make estimates as to the value of some of the institutions.

CHAPTER 30.

STATISTICAL TABLES.

The statistics contained in the appended tables are for the year ending September 30, 1891, although a portion of them begin with the fiscal year ending September 30, 1889, the Commission having been created previous to that date during the same year.

The statistics cover the medical and financial operations of the State hospital system, the exempted county system and the licensed private asylum system, and the institutions for the idiotic and feeble-minded.

By reason of the recent unification of the medical and financial records, it may be expected that in the near future the actual results of treatment and the cost of maintenance will be determinable. As it is, it is believed that these tables are much more accurate than those presented in former years, and great efforts had been made even before the adoption of the uniform books of account and books of record, to introduce something like harmony into the system.

This matter has already been discussed in another part of this report. (See chapter 9, "Unification of accounts and records.")

I.

INSANE.

A. STATE SYSTEM.

It has been found necessary to include in the State hospital system the statistics relating to the insane in the county poor-houses — New York and Kings counties exempted, for the reason that all of these insane since the passage of the State Care Act are under the State hospital system, and are awaiting removal to the State hospitals, and it is expected that they will all be removed before the first of October next, and, therefore, it is a matter of law as well as of convenience that they should be included in the system, as above stated.

TABLE No. 1.

Showing the number of registered insane remaining in the State hospitals, October 1, 1890, the number admitted and the total number under treatment during the year, and the number remaining October 1, 1891, with the increase or decrease.

INSTITUTIONS.	Remaining October 1, 1890.			Admitted During Year Ending September 30, 1891.			Total in Care During Year Ending September 30, 1891.			Remaining October 1, 1891.			Increase or Decrease.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Tota.	Increase.	Decrease.
Utica State Hospital	369	381	750	228	193	421	597	574	1,171	395	383	778	28	.....
Hudson River State Hospital	370	291	661	273	170	443	643	461	1,104	495	358	853	192	.....
Middletown State Homœopathic Hospital	322	284	606	176	179	355	498	463	961	303	372	765	159	.....
Buffalo State Hospital	236	229	465	236	203	439	472	432	904	238	287	585	120	.....
Willard State Hospital	983	1,065	2,048	163	135	298	1,146	1,200	2,346	997	1,073	2,070	22	.....
Binghamton State Hospital	531	576	1,107	132	150	282	663	726	1,389	504	653	1,157	50	.....
St. Lawrence State Hospital	.....	.....	.....	241	225	466	241	225	466	198	189	387	387	.....
Rochester State Hospital *	164	177	341	47	48	95	211	225	436	173	193	366	25	.....
State Asylum for Insane Criminals	218	18	236	67	2	69	285	20	305	222	17	239	3	.....
Total	3,193	3,021	6,214	1,563	1,305	2,868	4,756	4,326	9,082	3,675	3,525	7,200	986	.....

* Not included as State hospital last year.

County Alms-houses.

Albany	10	9	19	.....	.....	.....	10	9	19	8	8	16	.....	3
Allegany	2	3	5	.....	.....	.....	2	3	5	.....	.....	.....	.....	5
Broome	38	40	78	.....	.....	.....	38	40	78	33	39	72	.....	6
Cattaraugus	37	35	72	.....	.....	.....	37	35	72	35	25	60	.....	12
Cayuga	6	4	10	.....	.....	.....	6	4	10	6	4	10	.....	.....
Chautauqua	56	55	111	.....	.....	.....	56	55	111	.....	.....	.....	.....	111
Clinton	13	20	33	.....	.....	.....	13	20	33	1	.....	1	.....	32
Columbia	1	7	8	.....	.....	.....	1	7	8	1	6	7	.....	1
Cortland	12	14	26	.....	.....	.....	12	14	26	.....	.....	.....	.....	26
Erie	192	186	378	.....	*14	14	192	214	406	168	179	347	.....	31
Fulton	8	7	15	.....	.....	.....	8	7	15	5	7	12	.....	3
Genesee	5	1	6	.....	.....	.....	5	1	6	.....	.....	.....	.....	6
Greene	2	6	8	.....	.....	.....	2	6	8	2	5	7	.....	1

* Patients temporarily absent in Providence Retreat, a licensed private asylum, and afterwards returned.

COUNTY ALMS-HOUSES — (*Concluded*).

	Remaining October 1, 1890.			Admitted During Year Ending September 30, 1891.			Total in Care During Year Ending September 30, 1891.			Remaining October 1, 1891.			Increase or Decrease.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.
Herkimer	17	23	40	.....	.....	.....	17	23	40	.....	.....	.....	.....	40
Jefferson	9	33	42	.....	.....	.....	9	33	42	.....	.....	.....	.....	42
Lewis	23	12	35	.....	.....	.....	23	12	35	.....	.....	.....	.....	35
Livingston	19	32	51	.....	.....	.....	19	32	51	19	30	49	.....	21
Madison	22	24	46	.....	.....	.....	22	24	46	.....	.....	.....	.....	46
Montgomery	12	19	31	.....	.....	.....	12	19	31	10	19	29	.....	2
Oneida	144	171	315	.....	.....	.....	144	171	315	140	167	307	.....	8
Onondaga	39	68	107	.....	.....	.....	39	68	107	.....	44	44	.....	63
Orange	36	33	69	.....	.....	.....	36	33	69	32	33	65	.....	4
Orleans	.....	2	2	.....	.....	.....	.....	2	2	.....	.....	.....	.....	2
Oswego	39	47	86	.....	.....	.....	39	47	86	.....	.....	.....	.....	86
Otsego	2	2	4	.....	.....	.....	2	2	4	.....	.....	.....	.....	4
Queens	55	62	117	.....	.....	.....	55	62	117	47	58	105	.....	12
Rensselaer	.....	12	12	.....	.....	.....	.....	12	12	.....	.....	.....	.....	12
Richmond	5	8	13	.....	.....	.....	5	8	13	.....	.....	.....	.....	13
Rockland	.....	5	5	.....	.....	.....	.....	5	5	.....	2	2	.....	3
Saratoga	5	5	10	.....	.....	.....	5	5	10	.....	.....	.....	.....	10
Schenectady	2	1	3	.....	.....	.....	2	1	3	.....	.....	.....	.....	3
Seneca	2	.....	2	.....	.....	.....	2	.....	2	.....	.....	.....	.....	2
St. Lawrence	11	19	30	.....	.....	.....	11	19	30	.....	.....	.....	.....	30
Suffolk	15	22	37	.....	.....	.....	15	22	37	14	20	34	.....	3
Sullivan	9	21	30	.....	.....	.....	9	21	30	.....	.....	.....	.....	30
Tioga	15	19	34	.....	.....	.....	15	19	34	.....	.....	.....	.....	34
Ulster	38	34	72	.....	.....	.....	38	34	72	.....	.....	.....	.....	72
Washington	3	7	10	.....	.....	.....	3	7	10	.....	.....	.....	.....	10
Wayne	26	25	51	.....	.....	.....	26	25	51	26	22	48	.....	3
Wyoming	9	10	19	.....	.....	.....	9	10	19	.....	.....	.....	.....	19
Total	939	1,103	2,042	.....	14	14	939	1,131	2,070	547	668	1,215	.....	827



EXEMPTED COUNTY SYSTEM.

New York county	2,265	2,782	5,047	721	680	1,401	2,986	3,462	6,448	2,459	2,931	5,390	343	.....
Kings county	782	1,103	1,885	236	250	486	1,018	1,353	2,371	828	1,169	1,997	112	.....
Total	3,047	3,885	6,932	957	930	1,887	4,004	4,815	8,819	3,287	4,100	7,387	455	.....

LICENSED PRIVATE ASYLUM SYSTEM.

Bloomingdale Asylum	142	159	301	81	75	156	223	234	457	145	155	300	.....	1
Providence Retreat	21	90	111	30	44	74	51	134	185	24	84	108	.....	3
Marshall Infirmary	45	53	98	54	33	87	99	86	185	56	56	112	14	.....
Long Island Home	41	34	75	27	25	52	68	59	127	36	41	77	2	.....
Brigham Hall	31	34	65	21	14	35	52	48	100	32	35	67	2	.....
St. Vincent's Retreat	.....	54	54	.....	27	27	.....	81	81	.....	56	56	2	.....
Brunswick Home*	15	17	32	.....	.....	.....	15	17	32	.....	.....	.....	.....	32
Sanford Hall	11	15	26	2	4	6	13	19	32	12	16	28	2	.....
Dr. Wells' Sanitarium	.....	13	13	.....	8	8	.....	21	21	.....	11	11	.....	2
Louden Hall*	7	1	8	.....	.....	.....	7	1	8	.....	.....	.....	.....	8
Dr. Combes' Sanitarium	6	3	9	35	27	62	41	30	71	15	16	31	22	.....
Dr. Choates' House	2	7	9	.....	2	2	2	9	11	2	6	8	.....	1
Dr. Kittredge's Home†	2	1	3	.....	.....	.....	2	1	3	.....	.....	.....	.....	3
Dr. Parsons' Retreat	2	1	3	.....	2	2	2	3	5	1	2	3	.....	.....
Glenmary Home	4	1	5	7	8	15	8	12	20	6	9	15	10	.....
Dungarthel	.....	2	2	.....	.....	.....	.....	2	2	.....	.....	.....	.....	2
Dr. Lansing's House‡	.....	1	1	.....	.....	.....	.....	1	1	.....	.....	.....	.....	1
Falkirk	.....	2	2	4	1	5	4	3	7	3	.....	3	1	.....
Vernon House	1	.....	1	12	9	21	13	9	22	2	4	6	5	.....
Breezehurst Terrace	.....	.....	.....	10	12	22	10	12	22	4	5	9	9	.....
Waldemere	.....	.....	.....	9	4	13	9	4	13	8	4	12	12	.....
Total	330	488	818	292	295	587	619	786	1,405	346	500	846	81	53

* License revoked by the Commission. † License relinquished and institution discontinued. ‡ Institution discontinued.

TABLE No. 2.

General statement of the State Hospitals, October 1, 1891.

	Utica State Hospital.	Hudson River State Hospital.	Middletown State Hom'opathic Hospital.	Buffalo State Hospital.	Willard State Hospital.	Binghamton State Hospital.	St. Lawrence State Hospital.	Rochester State Hospital.	State Asylum for Insane Criminals.
Date of opening	Jan. 16, 1843	Oct. 1, 1871	April 30, 1874	Nov., 1880	1869	Oct., 1881	Dec. 9, 1890	July 1, 1891	Feb. 2, 1859
Total acreage of grounds and buildings	225	633.15	281	203	907	1,057	950	85	8
Value of real estate, including buildings	$750,000 00	$1,033,850 29	$957,500 00	$1,548,362 90	$1,300,700 00	$675,000 00	$1,400,000 00	$106,000 00	$217,400 00
Value of personal property	65,000 00	105,940 34	79,000 00	60,624 59	180,374 95	84,375 80	59,807 50	15,541 64	18,000 00
Acres of farm land under cultivation	125	*600	210	150	600	757	500	25	6
Capacity of institution	700	800	675	525	1,098	1,050	400	300	168
Daily average number under treatment	796	733	709	509	2,055	1,136	327	352	240.35
Cash on hand October 1, 1890	$37,761 92	$7,482 41	$40,745 64	$2,878 99	$41,392 54	$31,710 08	.....	.....	$2,292 12
Receipts during year:									
From State treasury (for officers' salaries, extraordinary improvements, etc.)	45,864 13	47,237 20	74,300 00	70,005 09	24,042 75	76,661 39	$39,019 00	$25,000 00	35,080 06
From counties for patients' board	130,741 38	166,396 24	82,965 32	92,970 97	318,418 80	168,320 41	15,087 13	40,688 91	16,449 80
From private patients	31,575 20	29,732 15	24,865 66	14,390 02	.....	931 02	499 86	4,802 52	.....
From all other sources	3,330 93	2,395 94	8,232 16	5,256 84	7,172 32	30,563 03	1,054 67	898 72	404 41
Total receipts during year, including cash on hand	$249,181 95	$253,293 94	$231,108 78	$185,501 91	$391,926 40	$308,187 43	$56,560 66	$71,420 15	$54,227 39
Disbursements during year:									
For officers' salaries, extraordinary improvements, etc., paid direct from State treasury	$17,253 72	$12,191 07	$21,846 71	$23,045 81	$46,711 31	$29,739 20	$9,019 00	$19,795 56	$6,100 00
For wages	33,674 59	48,772 71	52,937 93	34,476 25	86,988 78	72,907 70	15,675 38	.....	14,311 77
For provisions and stores	61,377 57	66,328 11	58,192 16	40,158 71	108,109 46	74,081 12	16,776 78	30,382 10	20,940 28
For ordinary repairs	14,004 87	2,230 38	10,351 13	8,538 34	17,954 62	8,389 53	†1,911 07	8,047 52	1,036 09
For farm and grounds	7,057 66	9,229 33	9,889 47	7,953 04	8,046 02	4,857 97	3,192 32	2,041 80	286 41
For clothing	7,825 04	5,734 32	5,901 32	2,095 97	18,067 06	14,585 65	4,533 29	4,294 33	1,598 80
For furniture and bedding	11,804 42	6,598 34	11,296 30	5,483 31	18,716 28	6,803 26	.....	6,560 95	407 39
For books and stationery	2,190 43	874 72	1,634 19	1,031 59	1,174 45	672 69	.....	402 27	346 00
For fuel and light	10,762 62	38,811 88	15,026 09	8,589 10	17,986 35	19,345 50	8,229 55	8,410 21	4,132 43
For medical supplies	3,513 11	2,154 55	1,165 18	1,251 32	4,056 00	1,450 19	780 82	511 71	907 21
For miscellaneous expenses	4,456 45	7,395 11	4,024 19	1,736 66	9,205 21	5,069 45	2,156 80	1,806 15	2,385 44
Total disbursements during year	$221,000 48	$230,309 12	$248,404 67	$180,494 62	$337,073 44	$298,352 76	$62,306 01	$77,392 10	$52,451 88
Balance remaining on hand October 1, 1891	$25,472 47	$22,984 82	$17,644 11	$5,007 29	$54,850 96	$19,834 67	†$5,746 45	.....	$1,775 47



Weekly per capita cost on current expenditure, inclusive of clothing and officers' salaries	$4 68	$5 33	§ $5 00	$4 53	$2 85	$3 71	$5 28	$4 21	$4 19
Weekly per capita charge to counties, inclusive of all items	4 25 & 2 50	4 25 & 2 50	4 25 & 2 50	4 25 & 2 50	4 25 & 2 50	4 25 & 2 50	4 25 & 2 50	4 25 & 2 50	3 75
Maximum rate of wages paid attendants:									
Men	50 00	35 00	37 00	32 00	35 00	28 00	25 00	30 00	45 00
Women	35 00	30 00	35 00	20 00	22 00	20 00	18 00	22 00	25 00
Minimum rate of wages paid attendants:									
Men	20 00	18 00	18 00	22 00	16 00	14 00	20 00	22 00	18 00
Women	12 00	13 00	12 00	13 00	12 00	10 00	14 00	15 00	17 00
Proportion of day attendants to average daily population	1 to 8	1 to 9	1 to 8	1 to 8	1 to 9	1 to 7	1 to 9	1 to 10	1 to 10
Proportion of night attendants to average daily population	1 to 73	1 to 50	1 to 47	1 to 64	1 to 85	1 to 67	1 to 44	1 to 30	1 to 60
Percentage of daily population engaged in some kind of useful occupation	40.	37.	38.	66.	42.	42.	50.	50.	49.
Estimated value of farm and garden products during year	$5,397 81	$21,066 92	$12,775 00	$11,364 26	$39,516 47	$29,944 01	$8,682 00	$1,761 90	$1,788 41
Estimated value of articles made or manufactured by patients during the year	2,000 00	991 45	2,000 00	3,662 76	18,823 15	12,654 10	675 00	3,155 96	3,029 08

*Including leased lands. †Includes furniture. ‡Deficiency. § For patients in custody less than three years a uniform rate of $4.25 per week is charged; for patients in custody a longer period the rate drops to $2.50 per week.

TABLE No. 3.

Showing assigned causes of insanity in cases admitted to State hospitals during the year ending September 30, 1891, and since October 1, 1888.

	Year Ending September 30, 1891.			Since October 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abuse of drugs	.....	.....	.....	2	.....	2
Anæmia	.....	1	1	.....	2	2
Amenorrhea	.....	1	1	.....	1	1
Arrest of mental development (imbecility)	1	.....	1	15	2	17
Bodily injury	10	2	12	26	4	30
Bright's disease	2	.....	2	2	.....	2
Bulbar paralysis	.....	1	1	.....	1	1
Burns	.....	1	1	.....	1	1
Carcinoma uteri	.....	1	1	.....	2	2
Castration	1	.....	1	1	.....	1
Cerebral apoplexy	5	8	13	15	18	33
Cerebral embolism	.....	.....	.....	3	.....	3
Cerebral hæmorrhage	6	4	10	12	8	20
Cerebral tumor	.....	.....	.....	.....	1	1
Chorea	.....	.....	.....	1	4	5
Christian science	.....	1	1	.....	1	1
Cinchonism	.....	.....	.....	1	2	3
Climacteric	.....	51	51	.....	124	124
Confinement in prison	4	.....	4	25	1	26
Confinement in prison and masturbation	3	.....	3	14	.....	14
Congenital defect	4	4	8	15	10	25



Diseases of skull and brain	2	.....	2	2	.....	2
Duodenitis, catarrhal	1	.....	1	1	.....	1
Electric shock	.....	.....	.....	1	.....	1
Epilepsy (including catalepsy and chorea)	97	55	152	197	106	303
Epilepsy with injury to head	1	.....	1	5	.....	5
Excessive smoking	4	.....	4	5	1	6
Excessive study	3	.....	3	6	3	9
Exophthalmic goitre	.....	2	2	.....	2	2
Exposure in infancy	1	.....	1	1	.....	1
Extraction of teeth	.....	1	1	.....	1	1
Fear of punishment	1	.....	1	1	.....	1
Fever, intermittent	.....	.....	.....	1	.....	1
Fever, scarlet	1	.....	1	4	1	5
Fever, typhoid	.....	.....	.....	10	9	19
Fracture of skull	1	.....	1	1	.....	1
General ill health	73	87	160	199	287	486
Habitual constipation	.....	1	1	.....	1	1
Hereditary predisposition	63	75	138	130	132	262
Heredity and confinement	7	.....	7	8	.....	8
Hydrocephalus	.....	.....	.....	1	.....	1
Hypochondriasis	.....	.....	.....	1	.....	1
Ill health and venereal excesses	.....	.....	.....	3	.....	3
Ill health from want and privation	11	13	24	11	13	24
Ill health following fever	1	3	4	1	3	4
Ill health and remorse	2	.....	2	2	.....	2
Injury, not specified	9	1	10	9	1	10
Injury to head	16	3	19	55	11	66
Injury to spine	1	2	3	3	2	5
Insanity of daughter	.....	.....	.....	.....	1	1
Insanity of husband	.....	1	1	.....	1	1
Intemperance and venereal excesses	1	.....	1	1	.....	1

TABLE No. 3 — (*Continued*).

Showing assigned causes of insanity in cases admitted to State hospitals during the year ending September 30, 1891, and since October 1, 1888.

	Year Ending September 30, 1891.			Since October 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Intemperance in drink	160	20	180	625	71	696
Intemperance in drink and narcotics	33	11	44	91	28	119
La grippe	17	10	27	21	12	33
La grippe and heredity	.....	.....	.....	4	.....	4
La grippe and injury to spine	.....	.....	.....	1	.....	1
La grippe and intemperance	.....	.....	.....	2	.....	2
Lead poisoning	.....	.....	.....	2	.....	2
Locomotor ataxia	1	.....	1	2	.....	2
Loss of sleep	.....	.....	.....	.....	1	1
Loss of special sense	2	1	3	6	3	9
Masturbation	73	12	85	164	27	191
Masturbation and chorea	1	.....	1	1	.....	1
Mind cure	.....	1	1	.....	1	1
Measles	1	.....	1	1	1	2
Meningitis	2	.....	2	6	2	8
Menstrual irregularities	.....	6	6	.....	14	14
Military hardship	.....	.....	.....	1	.....	1
Moral causes, including domestic trouble, loss of friends, business anxieties, pecuniary difficulties, grief, fright, disappointed affection, disappointed ambition, political excitement, religious excitement, etc.	195	254	449	507	687	1,194

Neuritis, optic	1	.....	1	1	.....	1
Nicotine poisoning	.....	.....	.....	2	1	3
Nostalgia	1	3	4	8	13	21
Old age	31	56	87	96	128	224
Opium habit	6	6	12	19	16	35
Otitis media	1	.....	1	1	.....	1
Otitis media following scarlet fever	.....	.....	.....	.....	1	1
Ovarian tumor	.....	.....	.....	.....	1	1
Ovariotomy	.....	1	1	.....	1	1
Overwork	11	23	34	29	66	95
Overwork and worry	3	.....	3	3	.....	3
Paralysis	7	9	16	16	17	33
Phthisis pulmonalis	1	1	2	5	7	12
Physical disability	1	.....	1	1	.....	1
Physical disease	27	54	81	54	97	151
Pneumonia	.....	.....	.....	1	1	2
Poleo myelitis anterior	.....	.....	.....	.....	1	1
Post spinal sclerosis	1	.....	1	1	.....	1
Poverty	1	.....	1	1	.....	1
Pregnancy	.....	.....	.....	.....	1	1
Pregnancy and chorea	.....	.....	.....	.....	1	1
Pregnancy and lactation	.....	.....	.....	.....	3	3
Previous attack	2	2	4	7	8	15
Prolonged lactation	.....	3	3	.....	8	8
Prolonged lactation	.....	2	2	.....	4	4
Puberty	.....	.....	.....	1	5	6
Puerperal, including child-birth and abortion	.....	57	57	.....	140	140
Rheumatism	2	3	5	5	4	9
Severe scald	1	.....	1	1	.....	1
Sexual excesses	7	1	8	12	2	14
Shock from injury	1	.....	1	1	.....	1

TABLE No. 3 — (*Concluded*).

Showing assigned causes of insanity in cases admitted to State hospitals during the year ending September 30, 1891, and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Solitude	.....	.....	.....	1	1	2
Spiritualism	.....	1	1	1	1	2
Sunstroke	35	7	42	82	16	98
Suppression of menses	.....	.....	.....	.....	6	6
Surgical operation	.....	1	1	.....	1	1
Syphilis	22	1	23	8	4	12
Traumatic	2	.....	2	7	6	13
Uterine and ovarian disease	.....	8	8	.....	20	20
Venereal disease	5	1	6	10	1	11
Vicious habits and indulgences	10	.....	10	24	9	33
Unascertained	558	421	979	1,146	843	1,989
Not insane	9	.....	9	52	6	58
Total	1,568	1,295	2,858	3,823	3,047	6,870

TABLE No. 4.

Showing forms of insanity in those admitted, recovered and died at State hospitals during the year ending September 30, 1891, and since October 1, 1888.

FORM OF INSANITY.	Utica State Hospital.			Hudson River State Hospital.			Middletown State Homœopathic Hospital.			Buffalo State Hospital.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	30	21	3	34	30	10	83	47	8	72	36	4
Mania, sub-acute	68	30	5	7	1	.....	39	16	.....	21	23	.....
Mania, recurrent	4	1	1	10	4	2	.....	1	.....	5	5	1
Mania, chronic	25	.....	9	26	2	5	26	3	.....	35	3	2
Melancholia, acute	63	35	7	60	50	7	95	42	4	97	37	11
Melancholia, sub-acute	43	17	4	.....	.....	.....	.....	.....	.....	10	7	.....
Melancholia, chronic	21	1	9	56	1	14	7	4	3	13	3	6
Alternating (circular) insanity	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
General paralysis	16	.....	25	10	.....	10	12	.....	11	6	.....	21
Dementia, primary	6	3	.....	2	5	8	.....	.....	.....	.....	.....	.....
Dementia, terminal	123	.....	27	224	.....	39	74	.....	17	141	14	24
Epilepsy	15	.....	7	.....	.....	.....	18	.....	.....	29	1	1
Imbecility	2	.....	.....	9	.....	.....	1	.....	.....	3	.....	.....
Idiocy	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	.....
Not insane*	4	.....	.....	5	.....	.....	.....	.....	.....	3	.....	.....
Total	421	108	97	448	98	95	355	113	43	439	129	70

* Cases of opium habit, intemperance, etc.

TABLE NO. 4 — (*Continued*).

Showing forms of insanity in those admitted, recovered and died at State hospitals during the year ending September 30, 1891, and since October 1, 1888.

FORM OF INSANITY.	WILLARD STATE HOSPITAL.			BINGHAMTON STATE HOSPITAL.			ST. LAWRENCE STATE HOSPITAL.			ROCHESTER STATE HOSPITAL.			STATE ASYLUM FOR INSANE CRIMINALS.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	23	9	1	34	9	2	46	12	1	15	8	1	8	8	.....
Mania, sub-acute	23	3	.....	22	4	1	9	1	.....	7	2	1	4	.....	.....
Mania, recurrent	10	5	2	3	3	.....	2	1	.....	5	.....	1	.....	.....	.....
Mania, chronic	33	5	27	45	6	18	33	2	2	4	.....	2	14	2	1
Melancholia, acute	48	9	33	30	9	1	40	12	2	5	5	.....	15	10	5
Melancholia, sub-acute	12	4	1	10	.....	.....	17	1	.....	4	3	.....	21	11	4
Melancholia, chronic	25	1	4	12	.....	5	44	.....	1	13	.....	.....	.....	1	1
Alternating (circular) insanity	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
General paralysis	15	.....	11	9	.....	6	7	.....	1	5	.....	5	.....	.....	.....
Dementia, primary	.....	.....	.....	12	3	2	3	.....	1	1	.....	.....	4	.....	.....
Dementia, terminal	75	.....	77	34	.....	32	182	.....	17	35	.....	11	.....	.....	1
Epilepsy	16	.....	20	20	.....	10	16	.....	2	7	.....	1	1	.....	.....
Imbecility	7	.....	.....	.....	.....	.....	10	.....	.....	3	.....	.....	1	.....	.....
Idiocy	.....	.....	2	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....
Not insane*	1	.....	.....	1	.....	.....	5	.....	.....	.....	.....	.....	1	.....	.....
Total	298	36	168	282	34	77	466	29	28	95	18	23	69	32	12

* Cases of opium habit, intemperance, etc.

TABLE NO. 4 — (*Continued*).

Showing forms of insanity in those admitted, recovered and died at State hospitals during the year ending September 30, 1891, and since October 1, 1888.

FORM OF INSANITY.	UTICA STATE HOSPITAL.			HUDSON RIVER STATE HOSPITAL.			MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.			BUFFALO STATE HOSPITAL.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admittted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	116	74	15	180	105	22	227	147	15	211	125	10
Mania, sub-acute	215	80	14	34	8	1	85	32	.....	56	35	1
Mania, recurrent	8	2	1	28	4	3	1	1	.....	20	13	1
Mania, chronic	107	4	13	92	2	10	76	5	2	74	7	3
Melancholia, acute	245	118	24	290	154	17	262	126	15	.....	.....	.....
Melancholia, sub-acute	143	79	7	.....	.....	.....	1	.....	.....	336	127	47
Melancholia, chronic	122	4	42	108	6	26	21	7	4	.....	.....	.....
Alternating (circular) insanity	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
General paralysis	70	.....	69*	25	.....	29	45	.....	19	31	.....	43
Dementia, primary	13	8	.....	38	18	15	.....	.....	.....	.....	.....	.....
Dementia, terminal	251	.....	63	313	.....	64	145	1	32	250	30	42
Epilepsy	60	.....	9	.....	.....	.....	28	.....	1	59	2	2
Imbecility	8	.....	2	27	1	.....	2	.....	.....	3	.....	.....
Idiocy	.....	.....	.....	.....	.....	.....	.....	.....	.....	5	.....	.....
Not insane*	35	.....	.....	13	3	.....	.....	.....	.....	32	.....	.....
Total	1,394	369	259	1,148	301	187	893	319	88	1,078	339	149

* Cases of opium habit, intemperance, etc.

TABLE No. 4 — (*Concluded*).

Showing forms of insanity in those admitted, recovered and died at State hospitals during the year ending September 30, 1891, and since October 1, 1888.

FORM OF INSANITY.	WILLARD STATE HOSPITAL.			BINGHAMTON STATE HOSPITAL.			ST. LAWRENCE STATE HOSPITAL.			ROCHESTER STATE HOSPITAL.			STATE ASYLUM FOR INSANE CRIMINALS.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	54	16	5	52	21	3	46	12	1	61	16	6	33	3	1
Mania, sub-acute	37	7	.....	37	7	3	9	1	.....	30	6	1	6	1	1
Mania, recurrent	15	5	3	21	9	4	2	1	.....	17	5	1	6	.....	.....
Mania, chronic	116	13	59	100	12	41	33	2	2	22	2	13	36	3	6
Melancholia, acute	73	21	26	39	15	1	40	12	2	19	10	4	53	18	9
Melancholia, sub-acute	35	4	1	12	2	1	17	1	.....	29	3	.....	27	17	7
Melancholia, chronic	92	3	23	36	.....	27	44	.....	1	15	.....	3	13	4	1
Alternating (circular) insanity	.....	.....	.....	.....	.....	.....	1	.....	.....	10	3	.....	.....	.....	.....
General paralysis	30	.....	27	27	.....	22	7	.....	1	15	.....	12	5	.....	5
Dementia, primary	.....	.....	.....	20	4	3	3	.....	1	2	2	.....	10	.....	1
Dementia, terminal	258	.....	215	153	.....	70	182	.....	17	55	.....	28	3	.....	3
Epilepsy	46	.....	38	44	.....	24	16	.....	2	16	.....	5	8	.....	.....
Imbecility	23	.....	3	2	.....	1	10	.....	.....	10	.....	1	4	.....	1
Idiocy	6	.....	4	6	.....	1	1	.....	1	.....	.....	.....	.....	.....	.....
Not insane*	6	.....	.....	1	.....	.....	5	.....	.....	.....	.....	1	4	.....	.....
Total	791	69	404	550	70	201	466	29	28	301	47	75	208	46	35

* Cases of opium habit, intemperance, etc.

TABLE No. 5.

Showing the number and percentage of annual recoveries and deaths in the State hospitals since October 1, 1888, on the average daily number resident.

INSTITUTIONS.	YEAR ENDING SEPTEMBER 30, 1891.					YEAR ENDING SEPTEMBER 30, 1890.					YEAR ENDING SEPTEMBER 30, 1889.				
	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.
Utica State Hospital	786	108	13.74	97	12.34	690.9	135	19.53	93	13.46	645	126	19.53	69	10.69
Hudson River State Hospital	733	93	13	95	13	573	106	18	46	8	475	102	21	46	10
Middletown State Homœopathic Hospital	709	113	15.93	43	6.06	578	105	18.16	30	5.19	536	101	18.84	15	2.79
Buffalo State Hospital	509	129	25.34	70	13.75	412	120	29.20	42	10.22	383	90	23.50	38	9.91
Willard State Hospital	2,055	36	1.7	168	8.2	2,052	13	.06	123	5.9	2,004	20	.9	113	5.6
Binghamton State Hospital	1,136	34	2.9	77	6.7	1,097	17	1.5	55	5	1,100	19	17	69	6
St. Lawrence State Hospital	227	29	12.7	28	12.3	227	29	12.7	28	12.3	227	29	12.7	28	12.3
Rochester State Hospital	352	18	5.1	23	6.5	329	13	3.9	29	8.9	310	16	5.2	23	7.4
State Asylum for Insane Criminals	240	27	11.2	12	4.9	225	8	3.5	13	5.7	219	11	5.01	10	4.5

TABLE No. 6.

Showing causes of death of those who died in the State hospitals during the year ending September 30, 1891, and since October 1, 1888.

YEAR ENDING SEPTEMBER 30, 1891.

	Utica State Hospital.			Hudson River State Hospital.			Middletown State Homœopathic Hospital.			Buffalo State Hospital.			Willard State Hospital.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Total died	57	40	97	61	34	95	40	20	64	48	22	70	89	79	168
Abscess cerebral and chronic meningitis	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Abscess of lung and liver	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Acute bronchitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Alcoholism and heart failure	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Anæmia pernicious	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....
Aneurism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Angina pectoris	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Apnœa, asphyxia	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Apoplexy, cerebral	.....	.....	.....	3	3	6	.....	1	1	.....	.....	.....	5	10	15
Asthenia	8	2	10	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Asthenia and senility	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....
Asthenia following fracture of femur	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1
Bright's disease (see nephritis).															
Bronchitis, chronic	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Burns	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
Cancer	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	.....	.....
Cancer of face	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Cancer of stomach	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	2
Cancer of uterus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
Cancer of breast	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cerebral disease	.....	3	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cerebral effusion	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cerebral embolism	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....
Cerebral hemorrhage	5	.....	5	.....	.....	.....	.....	.....	.....	3	1	4	.....	.....	.....
Cerebral tumor	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cerebro-spinal sclerosis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cirrhosis of liver	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Cystitis, chronic													4	9	13
Debility from old age		2	2							1		1	4	2	6
Diarrhœa, acute										1	1	2			
Diarrhœa, chronic	2		2												
Diarrhœa, colliquative				1		1									
Diarrhœa and erysipelas				1		1									
Diarrhœa and exhaustion															
Diabetes mellitus													1	1	2
Dilatation of heart		1	1												
Diphtheria											1	1	1	1	2
Dysentery														2	2
Enteritis		1	1												
Enteritis, chronic				1	1	2					1	1	9	1	10
Epilepsy	1	1	2	1	1	2				1		1		1	1
Erysipelas							3	3	6				1	2	3
Exhaustion from acute mania							1	3	4				5	1	6
Exhaustion from acute melancholia							1		1					5	5
Exhaustion from chronic mania							2	3	5						
Exhaustion from chronic melancholia				5	4	9	11	5	16	4	5	9			
Exhaustion from mental diseases				1	7	8									
Exhaustion from old age and diarrhœa															
Exhaustion from epilepsy															
Fatty degeneration of heart		1	1												
Fracture of hip															
Fracture of odontoid													1		1
Gangrene of extremities															
Gastro-enteritis															
Heart disease															
Heart disease, organic		3	3								1	1	10	10	20
Heart disease, valvular	1		1				1	1	2						
Heart failure	2		2												
Hepatitis, chronic															
Influenza		1	1												
Marasmus		1	1							6	2	8	1		1
Meningitis					1	1				1		1			
Nephritis															
Nephritis, acute diffuse	1		1										2		2
Nephritis, chronic diffuse	1		1												
Nephritis, chronic diffuse, parenchymatous		2	2												
Paralysis, bulbar															
Paralysis, following degeneration of basal ganglia													2		2
Peritonitis	4	6	10	9	2	11							20	23	43
Phthisis, pulmonalis				1		1									
Pleurisy										1		1			
Pleurisy, acute with effusion	3	3	6										7	6	13
Pleuro-pneumonia															
Pneumonia				17	3	20									
Pneumonia and exhaustion from mental disease										2		2			
Pneumonia, catarrhal														1	1
Psoas abscess															

TABLE No. 6 — (*Continued*).

Showing causes of death of those who died in the State hospitals during the year ending September 30, 1891, and since October 1, 1888.

YEAR ENDING SEPTEMBER 30, 1891.

	Utica State Hospital.			Hudson River State Hospital.			Middletown State Homœopathic Hospital.			Buffalo State Hospital.			Willard State Hospital.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Pulmonary oedema	.....	.....	.....	3	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pulmonary tuberculosis	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	1	4	.....	.....	.....
Pyenephrosis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Rupture of bladder	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Senile dementia	3	2	5	7	9	16	11	6	17	1	3	4	.....	.....	.....
Septicæmia and carcinoma of face	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Septicæmia following fracture of leg	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Suicide	.....	.....	.....	.....	.....	.....	1	.....	1	1	.....	1	1	.....	1
Suicide, asphyxia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide, drowning	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide, strangulation	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Syphilis	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Syphilis of brain and heart clot	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tuberculosis, general	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
Tuberculosis, miliary	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Typhoid fever	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	1	.....	1
Ulcerative endocarditis	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
General paresis	19	7	26	11	1	12	8	2	10	18	3	21	9	2	11

TABLE NO. 6 — (*Continued*).

Showing causes of death of those who died in the State hospitals during the year ending September 30, 1891, and since October 1, 1888.

YEAR ENDING SEPTEMBER 30, 1891.

	BINGHAMTON STATE HOSPITAL.			ST. LAWRENCE STATE HOSPITAL.			ROCHESTER STATE HOSPITAL.			STATE ASYLUM FOR INSANE CRIMINALS.			Aggregate.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
Total died	38	39	77	16	13	29	11	12	23	11	1	12	634
Abscess cerebral and chronic meningitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Abscess of lung and liver	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Acute bronchitis	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Alcoholism and heart failure	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Anæmia pernicious	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	2
Aneurism	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	1
Angina pectoris	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Apnœa, asphyxia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Apoplexy, cerebral	.....	.....	.....	1	.....	1	1	1	2	.....	1	1	26
Asthenia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	10
Asthenia and senility	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Asthenia following fracture of femur	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Bright's disease (see nephritis).													
Bronchitis, chronic	.....	1	1	.....	.....	.....	.....	2	2	.....	.....	.....	3
Burns	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cancer	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Cancer of face	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cancer of stomach	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Cancer of uterus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cancer of breast	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cerebral disease	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
Cerebral effusion	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cerebral embolism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cerebral haemorrhage	1	2	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	12
Cerebral tumor	.....	.....	.....	1	1	2	.....	.....	.....	.....	.....	.....	2
Cerebro-spinal sclerosis	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	1
Cirrhosis of liver	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Convulsions	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cystitis, chronic	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	1

TABLE No. 6 — (*Continued*).

Showing causes of death of those who died in the State hospitals during the year ending September 30, 1891, and since October 1, 1888.

YEAR ENDING SEPTEMBER 30, 1891.

	Binghamton State Hospital.			St. Lawrence State Hospital.			Rochester State Hospital.			State Asylum for Insane Criminals.			Aggregate.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
Debility from old age	.....	.....	.....	.....	2	2	1	.....	1	.....	.....	.....	16
Diarrhœa, acute	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	9
Diarrhœa, chronic	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Diarrhœa, colliquative	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Diarrhœa and erysipelas	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Diarrhœa and exhaustion	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Diabetes mellitus	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Dilatation of heart	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Diphtheria	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Dysentery	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Entertis	.....	.....	.....	1	.....	1	.....	1	1	.....	.....	.....	4
Enteritis, chronic	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Epilepsy	2	2	4	.....	2	2	.....	1	1	.....	.....	.....	30
Erysipelas	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Exhaustion from acute mania	1	1	2	.....	1	1	1	1	2	.....	.....	.....	14
Exhaustion from acute melancholia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	10
Exhaustion from chronic mania	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Exhaustion from chronic melancholia	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	6
Exhaustion from mental disease	13	8	21	1	.....	1	.....	.....	.....	.....	.....	.....	56
Exhaustion from old age and diarrhœa	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	8
Exhaustion from epilepsy	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	1
Fatty degeneration of heart	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	2
Fracture of hip	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	1
Fracture of odontoid	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	1
Gangrene of extremities	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Gastro-enteritis	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Heart disease	.....	1	1	.....	.....	.....	.....	1	1	.....	.....	.....	2
Heart disease, organic	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Heart disease, valvular	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	24
Heart failure	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3

Hepatitis, chronic	2	1	3	......	......	......	......	......	......	......	......	......	5
Influenza	......	......	......	......	......	......	1	......	1	......	......	......	1
Marasmus	......	......	......	......	......	......	......	......	......	......	......	......	1
Meningitis	......	......	......	......	......	......	......	......	......	......	......	......	10
Nephriti s.	......	......	......	1	1	2	......	......	......	......	......	......	4
Nephritis, acute diffuse	......	......	......	......	......	......	......	......	......	......	......	......	1
Nephritis, chronic diffuse	......	......	......	......	......	......	......	1	1	......	......	......	4
Nephritis, chronic diffuse, parenchymatous	......	......	......	......	......	......	......	......	......	......	......	......	2
Paralysis, bulbar	......	......	......	......	1	1	......	......	......	......	......	......	1
Paralysis, following degeneration of basal ganglia	......	......	......	......	1	1	......	......	......	......	......	......	1
Peritonitis	......	1	1	......	......	......	......	......	......	......	......	......	3
Phthisis, pulmonalis	8	11	19	1	1	2	2	3	5	8	......	8	98
Pleurisy	......	......	......	......	......	......	......	......	......	......	......	......	1
Pleurisy, acute with effusion	......	......	......	......	......	......	......	......	......	......	......	......	1
Pleuro-pneumonia	......	......	......	......	......	......	......	......	......	......	......	......	6
Pneumonia	......	4	4	......	......	......	......	1	1	......	......	......	18
Pneumonia and exhaustion from mental disease	......	......	......	......	......	......	......	......	......	......	......	......	20
Pneumonia, catarrhal	......	......	......	......	......	......	......	......	......	......	......	......	2
Psoas abscess	......	......	......	......	......	......	......	......	......	......	......	......	1
Pulmonary oedema	......	......	......	......	......	......	......	......	......	......	......	......	3
Pulmonary tuberculosis	......	......	......	......	......	......	......	......	......	......	......	......	4
Pyenephrosis	......	......	......	......	......	......	......	......	......	......	......	......	1
Rupture of bladder	......	......	......	1	......	1	......	......	......	......	......	......	1
Senile dementia	......	......	......	2	......	2	......	......	......	......	......	......	44
Septicæmia and carcinoma of face	......	......	......	......	......	......	......	......	......	......	......	......	1
Septicæmia following fracture of leg	......	......	......	......	......	......	......	......	......	......	......	......	1
Suicide	......	......	......	......	......	......	......	......	......	2	......	2	5
Suicide, asphyxia	......	......	......	......	......	......	......	......	......	......	......	......	1
Suicide, drowning	......	......	......	......	......	......	......	......	......	......	......	......	1
Suicide, strangulation	......	......	......	......	......	......	......	......	......	......	......	......	1
Syphilis	......	......	......	......	......	......	......	......	......	......	......	......	1
Syphilis of brain and heart clot	......	......	......	......	......	......	......	......	......	......	......	......	1
Tuberculosis, general	......	2	2	......	......	......	......	......	......	......	......	......	3
Tuberculosis, miliary	......	......	......	......	......	......	......	......	......	......	......	......	1
Typhoid fever	......	......	......	......	......	......	......	......	......	......	......	......	2
Ulcerative endocarditis	......	......	......	......	......	......	......	......	......	......	......	......	1
General paresis	4	1	5	......	......	......	5	......	5	......	......	......	90

TABLE NO. 6 — (*Continued*).

Showing causes of death of those who died in the State hospitals during the year ending September 30, 1891, and since October 1, 1888.

SINCE OCTOBER 1, 1888.

	UTICA STATE HOSPITAL.			HUDSON RIVER STATE HOSPITAL.			MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.			BUFFALO STATE HOSPITAL.			WILLARD STATE HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Total died	154	105	259	128	59	187	87	38	125	100	51	150	206	198	404
Abscess, cerebral	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Abscess, cerebral, and chronic meningitis	2	....	2	....	....	....	....	....	....	....	....	....	....	....	....
Abscess of lung and liver	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....
Abscess, psoas	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1
Alcoholism and heart failure	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....
Anæmia	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Anæmia, pernicious	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....
Aneurism, aortic	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....
Angina, pectoris	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....
Apnœa, asphyxia	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....
Apoplexy, cerebral	....	....	....	5	5	10	1	1	2	....	....	....	13	24	37
Asphyxia	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Asphyxia from lodgment of food in pharynx	....	....	....	....	....	....	....	....	....	....	....	....	2	....	2
Asthenia	17	17	34	....	....	....	....	....	....	2	3	5	....	....	....
Asthenia and fracture of arm	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....
Asthenia, following fracture of femur	....	....	....	....	....	....	....	....	....	....	....	....	....	2	2
Asthma and senility	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....
Bright's disease (see nephritis)															
Bronchitis	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
Bronchitis, acute	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....
Bronchitis, chronic	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Burns	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....
Cancer	....	....	....	....	....	....	....	....	....	2	....	2	....	....	....
Cancer of breast	....	1	1	....	....	....	....	....	....	....	....	....	....	1	1
Cancer of face	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
Cancer of liver	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1
Cancer of stomach	....	....	....	....	....	....	....	....	....	....	....	....	2	1	3
Cancer of stomach and peritonitis	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....
Cancer of uterus	....	....	....	....	....	....	....	....	....	....	1	1	....	2	2

Cancer of vulvæ														1	1
Cardiac paralysis				8	1	4									
Cellulitis of leg													1		1
Cerebral effusion		1	1												
Cerebral embolism		1	1							1		1			
Cerebral hemorrhage	9	4	13							5	2	7			
Cerebral softening										1	3	4			
Cerebral tumor															
Cerebro-spinal sclerosis															
Cirrhosis of liver										1		1	1		1
Convulsions															
Cystitis, chronic															
Debility from old age													15	21	36
Dementia, terminal							22	10	32						
Diabetes, mellitus													1		1
Diarrhœa		2	2										4	2	6
Diarrhœa, acute										1		1			
Diarrhœa, chronic										1	1	2			
Diarrhœa, colliquative	3		3												
Diarrhœa and erysipelas				1		1									
Diarrhœa and exhaustion				1		1									
Dilatation of heart													1	2	3
Diphtheria		1	1												
Dysentery	2	2	4								4	4	2	3	5
Empyæmia		1	1										1		1
Emphysema															
Enteritis													2	3	5
Enteritis, chronic		1	1												
Epilepsy	1	1	2	8	2	10	1		1		1	1	15	11	26
Erysipelas	1	1	2	2	3	5				2		2		2	2
Erysipelas, phlegmonous	1		1												
Exhaustion from acute mania							6	6	12				1	3	4
Exhaustion from acute melancholia							7	5	12				7	1	8
Exhaustion from carbuncle and old age					1	1									
Exhaustion from chronic melancholia							4		4						
Exhaustion from chronic mania							2	1	3						
Exhaustion from epilepsy							1		1						
Exhaustion from mental disease				11	8	19	21	9	30	16	11	27	13	22	35
Exhaustion from mental disease and old age				12	15	27				1	3	4			
Exhaustion from old age and diarrhœa				1	8	9									
Exhaustion from ovarian cyst															
Fatty degeneration of heart		1	1												
Fecal impaction	1		1												
Fracture of hip															
Fracture of odontoid, process of axis															
Fracture of ribs and pleurisy	1		1												
Gangrene of extremities				1		1							1		1
Gastric hæmorrhage															
Gastritis															
Gastro-enteritis															

TABLE NO. 6 — (*Continued*).

Showing causes of death of those who died in the State hospitals during the year ending September 30, 1891, and since October 1, 1888.

SINCE OCTOBER 1, 1888.

	UTICA STATE HOSPITAL.			HUDSON RIVER STATE HOSPITAL.			MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.			BUFFALO STATE HOSPITAL.			WILLARD STATE HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Tota	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
General dropsy and gangrene of scrotum	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Glioma-cerebri	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Heart disease	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Heart disease, organic	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Heart disease, valvular	.....	3	3	.....	.....	.....	.....	.....	.....	.....	3	3	16	15	31
Heart failure	1	.....	1	.....	.....	.....	3	2	5	.....	.....	.....	.....	.....	.....
Hepatitis	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hepatitis, chronic	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Influenza	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intestinal stricture	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Locomotor ataxia	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	1	.....	1
Marasmus	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Meningitis	7	1	8	1	.....	1	.....	.....	.....	.....	.....	.....	3	1	4
Meningitis, chronic	.....	.....	.....	.....	.....	.....	.....	.....	.....	9	4	13	.....	.....	.....
Nephritis	.....	.....	.....	.....	2	2	.....	1	1	2	1	3	.....	.....	.....
Nephritis, acute diffuse	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Nephritis, acute suppurative	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
Nephritis, chronic diffuse	3	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nephritis, chronic	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5	.....	5
Nephritis, chronic diffuse parenchymatous	.....	4	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nephritis, chronic interstitial	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Organic brain disease	.....	3	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paralysis, bulbar	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paralysis, following degeneration of basal ganglia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paralysis from organic brain disease	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pelvic cellulitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pericarditis	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Peritonitis	1	.....	1	.....	1	1	.....	.....	.....	.....	.....	.....	3	.....	3
Peritonitis, chronic	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Phthisis pulmonalis	11	19	30	30	4	34	.....	1	1	.....	.....	.....	41	56	97
Pleurisy	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....

Pleurisy, acute with effusion										1		1			
Pleuro-pneumonia	4	3	7												
Pneumonia	2	6	8										19	10	29
Pneumonia and exhaustion from mental disease				22	3	25									
Pneumonia, catarrhal										2		2			
Primary dementia and exhaustion															
Pulmonary abscess													1	1	2
Pulmonary consumption															
Pulmonary gangrene													1		1
Pulmonary hemorrhage															
Pulmonary œdema	1	2	3	6		6									
Pyenephrosis													1		1
Rheumatism															
Rupture of bladder															
Rupture of heart														1	1
Rupture of internal carotid due to carcinoma of neck		1	1											1	1
Senile dementia															
Senile gangrene													1		1
Senility	13	5	18												
Septicæmia	1		1							1		1			
Septicæmia and carcinoma of face					1	1									
Septicæmia after ovariotomy		1	1												
Septicæmia following fracture of leg													1		1
Shock										1		1			
Shock from fracture															
Strangulated hernia														1	1
Suicide				3		3	1		1	4	3	7	1	1	2
Suicide, asphyxia													1		1
Suicide, cut throat	1		1												
Suicide, drowning	1		1												
Suicide, strangulation	4	2	6												
Sunstroke															
Syphilis		1	1		1	1									
Syphilis of brain and heart clot		1	1												
Tuberculosis, acute														2	2
Tuberculosis, general											1	1			
Tuberculosis, miliary		1	1												
Tuberculosis, pulmonary										5	2	7			
Typhoid fever							1		1				2	1	3
Ulcerative endocarditis		1	1												
General paresis	58	12	70	29	4	33	16	2	18	38	5	43	23	5	28

TABLE No. 6 — (*Continued*).

Showing causes of death of those who died in the State hospitals during the year ending September 30, 1891, and since October 1, 1888.

SINCE OCTOBER 1, 1888.

	Binghamton State Hospital.			St. Lawrence State Hospital.			Rochester State Hospital.			State Asylum for Insane Criminals.			Aggregate.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
Total died	102	99	201	15	13	28	30	45	75	34	1	35	1,464
Abscess, cerebral	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Abscess, cerebral, and chronic meningitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Abscess of lung and liver	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Abscess, psoas	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Alcoholism and heart failure	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Anæmia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Anæmia, pernicious	.....	.....	.....	1	1	2	.....	.....	.....	.....	.....	.....	2
Aneurism, aortic	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	2
Angina pectoris	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Apnœa, asphyxia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Apoplexy, cerebral	.....	.....	.....	1	.....	1	2	2	4	2	1	3	57
Asphyxia	.....	2	2	.....	.....	.....	1	.....	1	.....	.....	.....	3
Asphyxia from lodgment of food in pharynx	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Asthenia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	39
Asthenia and fracture of arm	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Asthenia, following fracture of femur	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Asthma and senility	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Bright's disease (see nephritis).													
Bronchitis	.....	.....	.....	.....	.....	.....	.....	3	3	.....	.....	.....	4
Bronchitis, acute	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Bronchitis, chronic	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Burns	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cancer	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Cancer of breast	.....	2	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
Cancer of face	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Cancer of liver	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	2
Cancer of stomach	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
Cancer of stomach and peritonitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cancer of uterus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3

Cancer of vulvæ													1
Cardiac paralysis		2	2										6
Cellulitis of leg													1
Cerebral effusion													1
Cerebral embolism	1		1										3
Cerebral hæmorrhage	1	3	4										24
Cerebral softening													4
Cerebral tumor				1	1	2							2
Cerebro-spinal sclerosis				1		1							1
Cirrhosis of liver	1		1										3
Convulsions	1		1										1
Cystitis, chronic				1		1							1
Debility from old age					2	2							38
Dementia, terminal													32
Diabetes, mellitus	1		1							1		1	3
Diarrhœa													8
Diarrhœa, acute													1
Diarrhœa, chronic		2	2										4
Diarrhœa, colliquative													3
Diarrhœa and erysipelas													1
Diarrhœa and exhaustion													1
Dilatation of heart													3
Diphtheria													1
Dysentery	3	3	6										19
Empyæmia													2
Emphysema	1		1										1
Enteritis				1		1		6	6				12
Enteritis, chronic													1
Epilepsy	10	5	15		2	2	1	3	4				61
Erysipelas		1	1										12
Erysipelas, phlegmonous													1
Exhaustion from acute mania	1	1	2		1	1	2	6	8				27
Exhaustion from acute melancholia							1	1	2				22
Exhaustion from carbuncle and old age													1
Exhaustion from chronic melancholia					1	1							5
Exhaustion from chronic mania										1		1	4
Exhaustion from epilepsy				1		1							2
Exhaustion from mental disease	20	29	49	1		1							161
Exhaustion from mental disease and old age													31
Exhaustion from old age and diarrhœa													9
Exhaustion from ovarian cyst		1	1										1
Fatty degeneration of heart					1	1							2
Fecal impaction													1
Fracture of hip					1	1							1
Fracture of odontoid, process of axis				1		1							1
Fracture of ribs and pleurisy													1
Gangrene of extremities													2
Gastric hæmorrhage	1		1										1
Gastritis	1		1										1
Gastro-enteritis	1		1							1		1	2

TABLE No. 6 — (*Concluded*).

Showing causes of death of those who died in the State hospitals during the year ending September 30, 1891, and since October 1, 1888.

SINCE OCTOBER 1, 1888.

	BINGHAMTON STATE HOSPITAL.			ST. LAWRENCE STATE HOSPITAL.			ROCHESTER STATE HOSPITAL.			STATE ASYLUM FOR INSANE CRIMINALS.			Aggregate.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
General dropsy and gangrene of scrotum	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Glioma-cerebri	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Heart disease	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	1
Heart disease, organic	4	3	7	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
Heart disease, valvular	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Heart failure	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Hepatitis	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	5
Hepatitis, chronic	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Influenza	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	1
Intestinal stricture	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Locomotor ataxia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Marasmus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Meningitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	13
Meningitis, chronic	.....	.....	.....	1	1	2	.....	.....	.....	.....	.....	.....	15
Nephritis	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
Nephritis, acute diffuse	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Nephritis, acute suppurative	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Nephritis, chronic diffuse	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Nephritis, chronic	.....	.....	.....	.....	.....	.....	.....	1	1	1	.....	1	7
Nephritis, chronic diffuse parenchymatous	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
Nephritis, chronic interstitial	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	2
Organic brain disease	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Paralysis, bulbar	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	1
Paralysis, following degeneration of basal ganglia	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	1
Paralysis from organic brain disease	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Pelvic cellulitis	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Pericarditis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Peritonitis	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Peritonitis, chronic	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	1
Phthisis pulmonalis	20	28	48	1	1	2	9	10	19	15	.....	15	236

Pleurisy	1		1										2
Pleurisy, acute with effusion													1
Pleuro-pneumonia													7
Pneumonia	9	6	15					2	2				54
Pneumonia and exhaustion from mental disease													25
Pneumonia, catarrhal													2
Primary dementia and exhaustion	1		1										1
Pulmonary abscess													2
Pulmonary consumption													
Pulmonary gangrene													1
Pulmonary hæmorrhage	1		1										1
Pulmonary œdema													9
Pyenephrosis													1
Rheumatism	1		1										1
Rupture of bladder				1		1							1
Rupture of heart													1
Rupture of internal carotid due to carcinoma of neck													2
Senile dementia				2		2							2
Senile gangrene													1
Senility							3	2	5	1		1	24
Septicæmia													2
Septicæmia and carcinoma of face													1
Septicæmia after ovariotomy													1
Septicæmia following fracture of leg													1
Shock													1
Shock from fracture								2	2				2
Strangulated hernia								1	1				2
Suicide	1		1					2	2	4		4	20
Suicide, asphyxia													1
Suicide, cut throat													1
Suicide, drowning													1
Suicide, strangulation													6
Sunstroke	1		1										1
Syphilis													2
Syphilis of brain and heart clot													1
Tuberculosis, acute													2
Tuberculosis, general		2	2										3
Tuberculosis, miliary													1
Tuberculosis, pulmonary													7
Typhoid fever							1		1				5
Ulcerative endocarditis													1
General paresis	14	1	15				9	3	12	5		5	224

TABLE NO. 6 — (*Concluded*).

Showing causes of death of those who died in the State hospitals during the year ending September 30, 1891, and since October 1, 1888.

SINCE OCTOBER 1, 1888.

	BINGHAMTON STATE HOSPITAL.			ST. LAWRENCE STATE HOSPITAL.			ROCHESTER STATE HOSPITAL.			STATE ASYLUM FOR INSANE CRIMINALS.			Aggregate.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
General dropsy and gangrene of scrotum	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
[illegible]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
[illegible]	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	1
[illegible] organic	4	3	7	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
[illegible] valvular	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	5
	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
													1

TABLE No. 7 — (*Continued*).

Showing first and subsequent admissions of patients admitted to State hospitals during the year ending September 30, 1891, and since October 1, 1888.

YEAR ENDING SEPTEMBER 30, 1891.

NUMBER OF ADMISSIONS.	BINGHAMTON STATE HOSPITAL.		ST. LAWRENCE STATE HOSPITAL.		ROCHESTER STATE HOSPITAL.		STATE ASYLUM FOR INSANE CRIMINALS.	
	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.
First	132	.....	413	.....	82	2	64	.....
Second	111	2	46	16	10	.....	5	3
Third	32	.....	5	3	.....	2	.....	.....
Fourth or more	7	.....	2	1	3	.....	.....	.....
Total cases	282	2	466	20	95	4	69	3
Total persons	280	.....	461	.....	92	.....	64	.....

TABLE NO. 7 — (*Continued*).

Showing first and subsequent admissions of patients admitted to State hospitals during the year ending September 30, 1891, and since October 1, 1888.

SINCE OCTOBER 1, 1888.

NUMBER OF ADMISSIONS.	UTICA STATE HOSPITAL.		HUDSON RIVER STATE HOSPITAL.		MIDDLETOWN STATE HOMŒOP'THIC HOSP'L.		BUFFALO STATE HOSPITAL.		WILLARD STATE HOSPITAL.	
	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.
First	1,104	.....	941	.....	848	56	948	.....	728	.....
Second	249	89	164	41	35	12	106	45	43	8
Third	47	20	28	16	4	7	17	9	14	5
Fourth or more	31	22	15	12	6	.....	7	7	6	4
Total cases	1,431	131	1,148	69	893	75	1,078	61	791	17
Total persons	1,383	.....	941	.....	848	.....	1,004	.....	800	.....

TABLE NO. 7 — (*Concluded*).

Showing first and subsequent admissions of patients admitted to State hospitals during the year ending September 30, 1891, and since October 1, 1888.

SINCE OCTOBER 1, 1888.

NUMBER OF ADMISSIONS.	BINGHAMTON STATE HOSPITAL.		ST. LAWRENCE STATE HOSPITAL.		ROCHESTER STATE HOSPITAL.		STATE ASYLUM FOR INSANE CRIMINALS.	
	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.
First	288	.....	413	.....	252	7	188	.....
Second	202	16	46	16	28	3	16	9
Third	47	3	5	3	10	3	3	3
Fourth or more	13	3	2	1	11	.....	1	.....
Total cases	550	22	466	20	301	13	208	12
Total persons	547	.....	461	.....	296	.....	188	.....

TABLE No. 8.

Showing hereditary tendency to insanity in cases admitted to State hospitals since October 1, 1888.

Paternal branch	487
Maternal branch	615
Paternal and maternal branches	110
Collateral branches	593
No hereditary tendency ascertained	1,377
Unascertained	3,649
Not insane	35
Total	6,866

TABLE No. 9.

Showing civil condition of those admitted to State hospitals since October 1, 1888.

Single	2,940
Married	2,964
Widowed	796
Divorced	29
Unascertained	137
Total	6,866

TABLE No. 10.

Showing degree of education of those admitted to State hospitals since October 1, 1888.

Collegiate	99
Academic	411
Common school	3,993
Read and write	843
Read only	368
No education	600
Unascertained	551
Deaf-mute	1
Total	6,866

TABLE No. 11.

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from State hospitals during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	Year Ending September 30, 1891.		
	Men.	Women.	Total.
Under one month	84	87	171
One to three months	63	83	146
Three to six months	33	39	72
Six to nine months	21	14	35
Nine months to one year	11	10	21
One year to eighteen months	10	12	22
Eighteen months to two years	2	7	9
Two to three years	9	10	19
Three to four years	1	4	5
Four to five years	4	1	5
Five to ten years	5	10	15
Ten to twenty years	4	4	8
Not insane *	4	1	5
Unascertained	45	14	59
Total	296	296	592
PERIOD UNDER TREATMENT.			
Under one month	6	3	9
One to three months	55	41	96
Three to six months	89	91	180
Six to nine months	48	58	106
Nine months to one year	24	29	53
One year to eighteen months	33	31	64
Eighteen months to two years	13	16	29
Two to three years	15	13	28
Three to four years	7	4	11
Four to five years	1	3	4
Five to ten years	1	6	7
Ten to twenty years	...	....	.....
Not insane *	4	1	5
Total	296	296	592

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 11 — (*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from State hospitals during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	226	199	425
One to three months	195	209	404
Three to six months	107	97	204
Six to nine months	57	52	109
Nine months to one year	29	34	63
One year to eighteen months	37	49	86
Eighteen months to two years	10	20	30
Two to three years	26	23	49
Three to four years	5	8	13
Four to five years	6	8	14
Five to ten years	15	17	32
Ten to twenty years	9	9	18
Not insane*	4	1	5
Unascertained	101	41	142
Total	827	767	1,594
PERIOD UNDER TREATMENT.			
Under one month	21	9	30
One to three months	151	93	244
Three to six months	252	229	481
Six to nine months	151	147	298
Nine months to one year	82	91	173
One year to eighteen months	82	98	180
Eighteen months to two years	32	33	65
Two to three years	27	33	60
Three to four years	13	16	29
Four to five years	7	6	13
Five to ten years	4	10	14
Ten to twenty years	1	1	2
Not insane*	4	1	5
Total	827	767	1,594

*Includes cases of alcoholism, opium habit, etc.

TABLE No. 12.

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from State hospitals during the current year and since October 1, 1888.

	Year Ending September 30, 1891.		
DURATION PREVIOUS TO ADMISSION.	Men.	Women.	Total.
Under one month	37	21	58
One to three months	41	24	65
Three to six months	37	37	74
Six to nine months	21	15	36
Nine months to one year	13	7	20
One year to eighteen months	25	14	39
Eighteen months to two years	9	12	21
Two to three years	16	18	34
Three to four years	30	9	39
Four to five years	11	4	15
Five to ten years	35	30	65
Ten to twenty years	21	15	36
Twenty to thirty years	8	10	18
Over thirty years	6	2	8
Not insane*	5	4	9
Unascertained	100	23	123
Total	415	245	660
Period under Treatment.			
Under one month	21	9	30
One to three months	40	24	64
Three to six months	38	24	62
Six to nine months	44	20	64
Nine months to one year	27	16	43
One year to eighteen months	58	55	113
Eighteen months to two years	25	13	38
Two to three years	40	36	76
Three to four years	15	7	22
Four to five years	19	15	34
Five to ten years	75	18	93
Ten to twenty years	8	4	12
Twenty to thirty years	....	....	....
Not insane*	5	4	9
Total	415	245	660

*Includes cases of alcoholism, opium habit, etc.

TABLE No. 12—(*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from State hospitals during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	117	84	201
One to three months	157	82	239
Three to six months	96	93	189
Six to nine months	67	62	129
Nine months to one year	56	35	91
One year to eighteen months	78	59	137
Eighteen months to two years	33	29	62
Two to three years	77	58	135
Three to four years	44	30	74
Four to five years	30	39	69
Five to ten years	74	80	154
Ten to twenty years	61	53	114
Twenty to thirty years	25	29	54
Over thirty years	8	5	13
Not insane*	31	6	37
Unascertained	221	83	304
Total	1,175	827	2,002
PERIOD UNDER TREATMENT.			
Under one month	70	44	114
One to three months	114	67	181
Three to six months	128	98	226
Six to nine months	110	66	176
Nine months to one year	75	68	143
One year to eighteen months	173	132	305
Eighteen months to two years	105	60	165
Two to three years	160	141	301
Three to four years	43	50	93
Four to five years	37	42	79
Five to ten years	105	39	144
Ten to twenty years	18	13	31
Twenty to thirty years	5	1	6
Over thirty years	1	....	1
Not insane*	31	6	37
Total	1,175	827	2,002

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 13.

Showing the duration of insanity previous to admission, and the period under treatment of those who died at State hopitals during the current year and since October 1, 1888.

	Year Ending September 30, 1891.		
DURATION PREVIOUS TO ADMISSION.	Men.	Women.	Total.
Under one month	25	12	37
One to three months	38	20	58
Three to six months	33	17	50
Six to nine months	20	10	30
Nine months to one year	15	8	23
One year to eighteen months	29	14	43
Eighteen months to two years	18	13	31
Two to three years	33	26	59
Three to four years	15	12	27
Four to six years	19	19	38
Six to ten years	21	22	43
Ten to twenty years	20	18	38
Twenty years and over	9	14	23
Not insane*	...	1	1
Unascertained	63	49	112
Total	358	255	613
Period Under Treatment.			
Under one month	48	30	78
One to three months	32	34	66
Three to six months	42	23	65
Six to nine months	26	10	36
Nine months to one year	19	15	34
One year to eighteen months	49	20	69
Eighteen months to two years	22	14	36
Two to three years	31	22	53
Three to four years	21	23	44
Four to six years	21	14	35
Six to ten years	29	26	55
Ten to twenty years	12	15	27
Twenty years and over	6	9	15
Total	358	255	613

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 13 — (*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those who died at State hospitals during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	52	36	88
One to three months	77	51	128
Three to six months	67	28	95
Six to nine months	48	26	74
Nine months to one year	34	17	51
One year to eighteen months	67	39	106
Eighteen months to two years	29	21	50
Two to three years	91	58	149
Three to four years	54	27	81
Four to six years	36	35	71
Six to ten years	52	53	105
Ten to twenty years	43	38	81
Twenty years and over	27	28	55
Not insane*	...	1	1
Unascertained	152	140	292
Total	829	598	1,427
PERIOD UNDER TREATMENT.			
Under one month	105	68	173
One to three months	89	76	165
Three to six months	97	52	149
Six to nine months	61	29	90
Nine months to one year	48	30	78
One year to eighteen months	99	50	149
Eighteen months to two years	44	28	72
Two to three years	74	46	120
Three to four years	61	42	103
Four to six years	41	40	81
Six to ten years	64	67	131
Ten to twenty years	37	56	93
Twenty years and over	9	14	23
Total	829	598	1,427

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 14.

Showing ages of those admitted to State hospitals during the current year and since October 1, 1888.

AGE.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From five to ten years	.....	2	2	1	3	4
From ten to fifteen years	6	.....	6	14	7	21
From fifteen to twenty years	46	27	73	168	94	262
From twenty to twenty-five years	128	78	206	335	224	559
From twenty-five to thirty years	170	128	298	477	325	802
From thirty to thirty-five years	215	141	356	543	389	932
From thirty-five to forty years	195	156	351	474	342	816
From forty to fifty years	339	281	620	791	666	1,457
From fifty to sixty years	227	222	449	481	462	943
From sixty to seventy years	137	163	300	313	323	636
From seventy to eighty years	77	76	153	178	153	331
From eighty to ninety years	18	28	46	42	51	93
From ninety to 100 years	2	.....	2	3	1	4
Unknown	3	3	6	3	3	6
Total	1,563	1,305	2,868	3,823	3,043	6,866

TABLE No. 15.

Showing ages of those discharged recovered at State hospitals during the current year and since October 1, 1888.

AGE.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years	18	23	41	49	50	99
From twenty to thirty years	84	74	158	244	194	438
From thirty to forty years	83	81	164	220	234	454
From forty to fifty years	59	64	123	165	161	326
From fifty to sixty years	25	37	62	71	98	169
From sixty to seventy years	12	16	28	41	40	81
From seventy to eighty years	9	1	10	14	7	21
From eighty to ninety years	1	.....	1	1	.....	1
Total	291	296	587	805	784	1,589

TABLE No. 16.

Showing ages of those who died in State hospitals during the current year and since October 1, 1888.

AGE.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years	.....	.....	.....	.....	.....	.....
From fifteen to twenty years	2	1	3	5	4	9
From twenty to twenty-five years	10	10	20	26	17	43
From twenty-five to thirty years	20	8	28	52	27	79
From thirty to thirty-five years	19	13	32	56	27	83
From thirty-five to forty years	40	21	61	95	57	152
From forty to fifty years	76	48	124	176	124	300
From fifty to sixty years	63	47	110	151	110	261
From sixty to seventy years	62	44	106	129	104	233
From seventy to eighty years	48	48	96	103	99	202
From eighty to ninety years	17	12	29	35	24	59
From ninety to 100 years	1	3	4	1	5	6
Total	358	255	613	829	598	1,427

TABLE No. 15.

Showing ages of those discharged recovered at State hospitals during the current year and since October 1, 1888.

AGE.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years	18	23	41	49	50	99
From twenty to thirty years	84	74	158	244	194	438
From thirty to forty years	83	81	164	220	234	454
From forty to fifty years	59	64	123	165	161	326
From fifty to sixty years	25	37	62	71	98	169
From sixty to seventy years	12	16	28	41	40	81
From seventy to eighty years	9	1	10	14	7	21
From eighty to ninety years	1	.....	1	1	.....	1
Total	291	296	587	805	784	1,589

TABLE No. 16.

Showing ages of those who died in State hospitals during the current year and since October 1, 1888.

AGE.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years	.....	.....	.....	.....	.....	.....
From fifteen to twenty years	2	1	3	5	4	9
From twenty to twenty-five years	10	10	20	26	17	43
From twenty-five to thirty years	20	8	28	52	27	79
From thirty to thirty-five years	19	13	32	56	27	83
From thirty-five to forty years	40	21	61	95	57	152
From forty to fifty years	76	48	124	176	124	300
From fifty to sixty years	63	47	110	151	110	261
From sixty to seventy years	62	44	106	129	104	233
From seventy to eighty years	48	48	96	103	99	202
From eighty to ninety years	17	12	29	35	24	59
From ninety to 100 years	1	3	4	1	5	6
Total	358	255	613	829	598	1,427

TABLE No. 17.

Showing alleged duration of insanity previous to admission in those admitted to State hospitals during the year ending September 30, 1891.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	211	177	388
One to three months	151	189	340
Three to six months	120	102	222
Six to nine months	62	50	112
Nine months to one year	22	33	55
One year to eighteen months	87	73	160
Eighteen months to two years	21	30	51
Two to three years	73	57	130
Three to four years	39	48	87
Four to five years	40	34	74
Five to ten years	118	106	224
Ten to fifteen years	66	52	118
Fifteen to twenty years	39	31	70
Twenty to thirty years	39	26	65
Thirty years and upwards	19	12	31
Not insane*	14	1	15
Unascertained	410	257	667
Chronic	32	27	59
Total	1,563	1,305	2,868

TABLE No. 18.

Showing period of residence in asylum of those remaining under treatment at State hospitals September 30, 1891.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	63	111	174
One to three months	268	286	554
Three to six months	360	182	542
Six to nine months	151	148	299
Nine months to one year	216	182	398
One year to eighteen months	266	255	521
Eighteen months to two years	211	136	347
Two to three years	408	314	722
Three to four years	283	280	563
Four to five years	176	244	420
Five to ten years	656	698	1,354
Ten to fifteen years	327	306	633
Fifteen to twenty years	227	221	448
Twenty to thirty years	48	145	193
Thirty years and upwards	12	17	29
Not insane*	3	...	3
Total	3,675	3,525	7,200

*Includes cases of alcoholism, morphia habit, etc.

TABLE No. 19.

Showing the occupations of those admitted to State hospitals since October 1, 1888.

	Number.
Actors	4
Agents	22
Apprentice (school ship)	1
Architects	2
Artists	7
Asylum attendant	1
Author	1
Axegrinder	1
Bakers	16
Barbers	28
Barkeepers and bartenders	12
Basket maker	1
Beer bottler	1
Blacksmiths	40
Boatbuilders	2
Boiler makers	4
Boiler maker's helper	1
Book agents	7
Bookbinders	5
Bookkeepers	46
Bootblack	1
Brewers	2
Bricklayers	9
Bridge keeper	1
Brokers	4
Broom and brushmakers	5
Builder	1
Butchers	28
Butler	1
Carriage maker	4
Carriage painter and trimmer	1
Car inspectors	2
Cash boy	1
Cattle drover	1
Cheesemakers	2
Chemists	3
Chiropodists	2
Christian worker	1
Cigar makers	27
Cigar manufacturer	1
Civil engineers	9

	Number.
Clergymen	17
Clerks	136
Cloakmaker	1
Cloth designers	2
Coachmen	16
Collar makers	3
Combmaker	1
Comb polisher	1
Commercial travelers	11
Confectioners	4
Constable	1
Contractors	8
Cooks	16
Cowboy	1
Cutlers	3
Dentists	7
Domestics	440
Draughtsman	1
Dressmakers	20
Dyer	1
Editors	12
Electricians	6
Elocutionists	2
Engineers	29
Engraver	1
Excise commissioner	1
Express messengers	3
Expressmen	3
Factory operatives	76
Farmers and farm laborers	784
Feather maker	1
Filegrinder	1
Finisher	1
Firemen	19
Fishermen	2
Fish peddler	1
Florists	4
Foreman	1
Fruiterers	3
Fruit grower	1
Furniture finisher	1
Furriers	2

	Number.
Gardeners	18
Gentlemen	4
Glassblowers	4
Glovers and glovemakers	4
Governess	1
Guide	1
Harness makers	7
Hatters	9
Hotel keepers	12
Horse jockeys	5
Horse trader	1
Horse trainers	3
Hostlers	5
Housefitter	1
Housekeepers	1,916
Inspector of vessels	1
Insurance agents	7
Inventor	1
Janitor	1
Janitress	1
Laborers	911
Lacemaker	1
Laundresses	23
Laundrymen	3
Lawyers	37
Leather worker	1
Lecturer	1
Letter carriers	4
Lime burner	1
Lithographer	1
Liveryman	1
Lumbermen	2
Longshoremen	2
Machinists	41
Manufacturers	8
Marble cutter	1
Masons	31
Mechanics	7
Merchants	132
Midwife	1
Milkman	1

	Number.
Millers	12
Milliners	9
Millwrights	2
Miners	7
Molders	30
Musicians	12
Music teachers	2
Newsboys	2
Nurses	10
Organist	1
Overseer	1
Oystermen	2
Packers	2
Painters and varnishers	64
Paper hangers	4
Paper makers	4
Pattern makers	3
Paymaster	1
Peddlers	19
Photographers	6
Physicians	27
Piano maker	1
Pilots	2
Plumbers	10
Policemen	7
Porters	7
Potters	2
Press agent	1
Printers	31
Prostitutes	5
Publisher	1
Ragpicker	1
Railroad conductors	7
Railroad employes	33
Railway freight agents	2
Real estate agents	4
Ropemakers	2
Rubber worker	1
Saddler	1
Sailors	23
Salesmen and saleswomen	27
Saloon keepers	15
Salt boiler	1

	Number.
Sawyers	3
Schoolgirls	3
Seamen and boatmen	19
Seamstresses	44
Ship caulkers	4
Ship chandler	1
Shirtcutters	3
Shoemakers	66
Snuffmaker	1
Speculators	4
Spiritualistic mediums	2
Stenographers	8
Strawbleacher	1
Students	34
Superintendent	1
Tailors and tailoresses	59
Tanners	4
Teachers	84
Telegraph operators	8
Theatrical manager	1
Tinsmiths	10
Tobacco strippers	4
Trunkmaker	1
Undertakers	2
United States marine	1
Upholsterers	3
Vagrants	2
Varnisher	1
Veterinary surgeons	2
Wagon makers	2
Waiters and waitresses	16
Watchmakers	2
Watchmen	5
Wheelwrights	2
Wood engravers	41
Woodsman	1
Workers in metal	35
Workers in stone	27
Workers in wood	127
No occupation	555
Unascertained	119
Total	6,866

TABLE No. 20.

Showing the nativity of patients admitted to State hospitals during the year ending September 30, 1891, and since October 1, 1888.

NATIVITY.	DURING THE YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Total admission	1,562	1,306	2,868	3,822	3,044	6,866
Total born in United States	1,037	833	1,870	2,570	1,947	4,517
Armenia	.....	.....	.....	1	.....	1
Austria	2	.....	2	2	1	3
Bahama Islands	.....	.....	.....	1	.....	1
Belgium	1	.....	1	2	.....	2
Bohemia	1	2	3	2	3	5
Canada	30	39	69	76	75	151
China	.....	.....	.....	2	.....	2
Denmark	1	1	2	5	1	6
England	41	27	68	111	76	187
France	2	5	7	10	11	21
Germany	106	85	191	288	236	524
Holland	3	1	4	8	3	11
Hungary	3	1	4	4	2	6
India	.....	.....	.....	.....	1	1
Ireland	178	189	367	431	470	901
Isle of Man	.....	.....	.....	.....	1	1
Italy	14	1	15	24	6	30
Jamaica	.....	1	1	.....	1	1
Malta	.....	.....	.....	1	.....	1
Mexico	.....	.....	.....	1	.....	1

New Brunswick	.....	1	1	.....	2	2
Newfoundland	.....	.....	.....	.....	1	1
Norway	.....	.....	.....	.....	2	2
Nova Scotia	.....	.....	.....	.....	2	2
Philippine Islands	.....	.....	.....	1	.....	1
Poland	6	4	10	19	9	28
Prussia	2	.....	2	4	.....	4
Roumania	1	.....	1	1	.....	1
Russia	3	.....	3	9	.....	9
Scotland	11	15	26	26	26	52
Sweden	8	10	18	14	16	30
Switzerland	5	2	7	18	6	24
Wales	6	3	9	12	8	20
Unascertained	101	86	187	179	138	317

Of the total number admitted to State hospitals since the 1st of October, 1888, the parents of 40.35 per cent were both of foreign birth.

In 2.85 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.28 per cent. the parentage on the maternal side was foreign, while that on the parternal side was native.

TABLE No. 21.

Showing the residence by counties and classification of patients admitted to State hospitals during the year ending September 30, 1891.

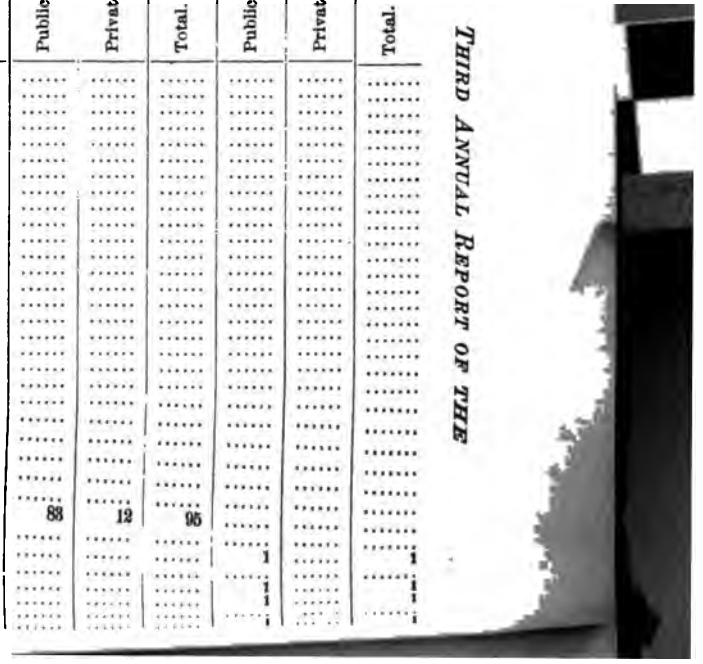
COUNTIES.	Utica State Hospital.			Hudson River State Hospital.			Middletown State Homœopathic Hospital.			Buffalo State Hospital.			Willard State Hospital.		
	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.
Albany	83	.....	83	1	3	4	.....	1	1	.....	.....	.....	.....	.....	.....
Allegany	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	26	.....	26
Broome	1	.....	1	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....
Cattaraugus	.....	.....	.....	.....	.....	.....	1	.....	1	17	.....	17	.....	.....	.....
Cayuga	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	32	.....	32
Chautauqua	.....	.....	.....	.....	.....	.....	.....	.....	.....	113	.....	113	.....	.....	.....
Chemung	.....	.....	.....	.....	.....	.....	1	1	2	1	1	2	34	.....	34
Chenango	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Clinton	.....	.....	.....	1	.....	1	.....	1	1	.....	.....	.....	.....	.....	.....
Columbia	.....	.....	.....	32	2	34	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cortland	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Delaware	.....	.....	.....	.....	.....	.....	4	3	7	.....	.....	.....	.....	.....	.....
Dutchess	.....	.....	.....	89	.....	89	.....	1	1	.....	.....	.....	.....	.....	.....
Erie	.....	.....	.....	.....	.....	.....	.....	.....	.....	187	10	197	1	.....	1
Essex	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Franklin	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fulton	11	.....	11	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Genesee	.....	.....	.....	.....	.....	.....	.....	.....	.....	16	2	18	.....	.....	.....
Greene	.....	.....	.....	1	1	2	1	.....	1	.....	.....	.....	.....	.....	.....
Hamilton	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Herkimer	50	.....	50	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jefferson	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Kings	.....	.....	.....	2	.....	2	2	11	13	.....	.....	.....	.....	.....	.....
Lewis	3	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Livingston	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	21	.....	21
Madison	59	1	60	.....	.....	.....	2	.....	2	.....	.....	.....	.....	.....	.....
Monroe	1	.....	1	.....	.....	.....	3	2	5	13	.....	13	3	1	4
Montgomery	20	2	22	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
New York	.....	.....	.....	8	6	14	5	25	30	.....	.....	.....	.....	.....	.....
Niagara	.....	.....	.....	.....	.....	.....	.....	.....	.....	39	1	40	.....	.....	.....
Oneida	91	7	98	.....	.....	.....	.....	1	1	.....	.....	.....	.....	1	1
Onondaga	9	1	10	.....	.....	.....	2	.....	2	.....	.....	.....	2	.....	2
Ontario	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	33	.....	33
Orange	.....	.....	.....	.....	.....	.....	38	20	58	.....	.....	.....	.....	.....	.....

Orleans										18	1	19			
Oswego	9		9										3		3
Otsego								1	1						
Putnam				7	1	8									
Queens							62	3	65						
Rensselaer				94	2	96		2	2				1		1
Richmond				1		1	16	1	17						
Rockland							16		16						
St. Lawrence	2		2										1		1
Saratoga	43		43		1	1	3	2	5				1		1
Schenectady	18		18												
Schoharie					1	1									
Schuyler													5		5
Seneca				1		1							24		24
Steuben													41		41
Suffolk							36		36						
Sullivan							46	3	49						
Tioga															
Tompkins													18	1	19
Ulster				70		70	33	2	35				1		1
Warren	4		4												
Washington		1	1	34	1	35	1		1						
Wayne													30		30
Westchester				83	1	84	2		2						
Wyoming										14	2	16			
Yates													12		12
State patients										2		2			
Soldiers' Home													4		4
Total	408	13	421	424	19	443	275	80	355	420	19	435	295	3	298

TABLE NO. 21 — (*Concluded.*)

Showing the residence by counties and classification of patients admitted to State hospitals during the year ending September 30, 1891.

COUNTIES.	BINGHAMTON STATE HOSPITAL.			ST. LAWRENCE STATE HOSPITAL.			ROCHESTER STATE HOSPITAL.			STATE ASYLUM FOR INSANE CRIMINALS.		
	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.*	Private.	Total.
Albany	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Allegany	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Broome	39	2	41	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cattaraugus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cayuga	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chautauqua	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chemung	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chenango	69	4	73	.....	.....	.....	.....	.....	.....	.....	.....	.....
Clinton	.....	.....	.....	45	.....	45	.....	.....	.....	.....	.....	.....
Columbia	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cortland	38	.....	38	.....	.....	.....	.....	.....	.....	.....	.....	.....
Delaware	25	.....	25	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dutchess	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Erie	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Essex	.....	.....	.....	21	.....	21	.....	.....	.....	.....	.....	.....
Franklin	.....	.....	.....	12	.....	12	.....	.....	.....	.....	.....	.....
Fulton	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Genesee	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Greene	10	1	11	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hamilton	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Herkimer	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jefferson	.....	.....	.....	34	2	36	.....	.....	.....	.....	.....	.....
Kings	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Lewis	.....	.....	.....	40	.....	40	.....	.....	.....	.....	.....	.....
Livingston	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Madison	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Monroe	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Montgomery	.....	.....	.....	.....	.....	.....	83	12	95	.....	.....	.....
New York	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Niagara	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Oneida	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Onondaga	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Ontario	.....	.....	.....	110	1	111	.....	.....	.....	1	.....	1
Orange	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....



Orleans	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Oswego	.....	.....	.....	123	.....	.....	123	.....	.....	.....	.....	.....	.....	.....
Otsego	24	1	25	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Putnam	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Queens	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rensselaer	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Richmond	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rockland	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Lawrence	.....	.....	.....	56	5	61	.....	.....	.....	1	.....	.....	.....	1
Saratoga	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schenectady	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schoharie	17	.....	17	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schuyler	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Seneca	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Steuben	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suffolk	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sullivan	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tioga	47	1	48	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tompkins	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ulster	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Warren	.....	.....	.....	12	.....	12	.....	.....	.....	.....	.....	.....	.....	.....
Washington	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Wayne	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Westchester	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Wyoming	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yates	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
State patients	1	.....	1	5	.....	5	.....	.....	.....	64	.....	.....	.....	64
Total	273	9	282	458	8	466	83	12	95	69	.....	.....	.....	*69

*Patients credited to counties are misdemeanor cases, or those who have been committed by order of the courts, having interposed the plea of insanity as their defense.

TABLE No. 22.

Showing the residence by counties and classification of patients remaining in State hospitals, September 30, 1891.

COUNTIES.	Utica State Hospital.			Hudson River State Hospital.			Middletown State Hospital.			Buffalo State Hospital.			Willard State Hospital.		
	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.
Albany	140	7	147	15	4	19	14	6	20	.....	.....	.....	150	.....	150
Allegany	.....	.....	.....	.....	.....	.....	.....	.....	.....	13	1	14	46	.....	46
Broome	.....	.....	.....	.....	.....	.....	9	1	10	.....	.....	.....	1	.....	1
Cattaraugus	.....	.....	.....	.....	.....	.....	1	.....	1	15	1	16	1	.....	1
Cayuga	34	4	38	.....	.....	.....	3	.....	3	.....	.....	.....	89	.....	89
Chautauqua	.....	.....	.....	.....	.....	.....	.....	1	1	112	3	115	.....	.....	.....
Chemung	2	2	4	.....	.....	.....	6	1	7	1	5	6	107	.....	107
Chenango	.....	1	1	.....	.....	.....	2	2	4	.....	.....	.....	.....	.....	.....
Clinton	1	.....	1	22	.....	22	.....	.....	.....	.....	.....	.....	3	.....	3
Columbia	.....	.....	.....	63	3	66	.....	.....	.....	.....	.....	.....	33	.....	33
Cortland	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Delaware	1	.....	1	2	.....	2	13	3	16	.....	.....	.....	22	.....	22
Dutchess	2	.....	2	138	7	145	1	1	2	.....	.....	.....	33	.....	33
Erie	.....	2	2	.....	.....	.....	.....	1	1	243	13	256	43	.....	43
Essex	7	1	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	13	.....	13
Franklin	5	.....	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	34	.....	34
Fulton	15	1	16	.....	.....	.....	.....	.....	.....	.....	.....	.....	25	.....	25
Genesee	.....	.....	.....	.....	.....	.....	.....	.....	.....	15	.....	15	22	.....	22
Greene	.....	.....	.....	15	3	18	2	.....	2	.....	.....	.....	13	.....	13
Hamilton	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Herkimer	56	2	58	.....	.....	.....	.....	.....	.....	.....	.....	.....	9	.....	9
Jefferson	18	7	25	.....	.....	.....	.....	.....	.....	.....	.....	.....	33	.....	33
Kings	.....	1	1	7	5	12	13	29	42	.....	.....	.....	.....	.....	.....
Lewis	12	1	13	.....	.....	.....	.....	.....	.....	.....	.....	.....	10	.....	10
Livingston	.....	1	1	.....	.....	.....	.....	.....	.....	2	3	5	23	.....	23
Madison	64	3	67	.....	.....	.....	3	2	5	.....	.....	.....	5	.....	5
Monroe	1	1	2	.....	.....	.....	5	4	9	35	6	41	19	1	20
Montgomery	25	6	31	.....	.....	.....	.....	.....	.....	.....	.....	.....	23	.....	23
New York	2	2	4	43	30	73	28	81	109	.....	.....	.....	.....	.....	.....
Niagara	.....	.....	.....	.....	.....	.....	.....	1	1	47	1	48	23	.....	23
Oneida	140	9	149	.....	.....	.....	1	2	3	.....	.....	.....	2	1	3
Onondaga	59	3	62	.....	.....	.....	16	5	21	.....	.....	.....	52	.....	52
Ontario	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	117	.....	117
Orange	.....	.....	.....	2	.....	2	57	35	192	.....	1	1	14	.....	14

Orleans	......	1	1	......	......	......	......	......	......	22	1	23	10	......	10
Oswego	23	......	23	......	......	......	......	......	......	......	......	......	17	......	17
Otsego	......	2	2	......	......	......	......	1	1	......	......	......	30	......	30
Putnam	......	......	......	8	......	8	......	......	......	......	......	......	14	......	14
Queens	......	......	......	50	1	51	55	9	64	......	......	......	62	......	62
Rensselaer	1	1	2	147	3	150	1	6	7	......	......	......	100	......	100
Richmond	......	3	3	12	12	24	41	3	44	......	......	......	25	......	25
Rockland	......	1	1	1	......	1	39	1	40	......	......	......	7	......	7
St. Lawrence	20	4	24	......	......	......	......	1	1	......	......	......	40	......	40
Saratoga	34	1	35	......	......	......	14	1	15	......	......	......	21	......	21
Schenectady	24	......	24	1	......	1	......	1	1	......	......	......	33	......	33
Schoharie	......	1	1	......	......	......	1	......	1	......	......	......	22	......	22
Schuyler	......	......	......	......	......	......	......	......	......	......	......	......	46	......	46
Seneca	......	......	......	1	......	1	......	......	......	......	......	......	77	......	77
Steuben	......	......	......	......	......	......	......	......	......	27	......	27	74	......	74
Suffolk	1	......	1	......	......	......	65	2	67	......	......	......	4	......	4
Sullivan	......	......	......	......	......	......	54	5	59	......	......	......	......	......	......
Tioga	......	......	......	......	......	......	3	1	4	......	......	......	1	......	1
Tompkins	......	1	1	......	......	......	......	......	......	......	......	......	70	1	71
Ulster	......	......	......	107	3	110	48	6	54	......	......	......	27	......	27
Warren	9	......	9	11	......	11	4	......	4	......	......	......	2	......	2
Washington	3	......	3	28	1	29	2	......	2	......	......	......	22	......	22
Wayne	......	1	1	......	......	......	......	......	......	......	......	......	25	......	25
Westchester	......	1	1	105	3	108	16	5	21	......	......	......	149	......	149
Wyoming	1	......	1	......	......	......	......	......	......	15	1	16	7	......	7
Yates	......	......	......	......	......	......	......	......	......	......	......	......	53	......	53
State patients	4	......	4	......	......	......	......	......	......	2	......	2	34	......	34
Total	706	72	778	778	75	853	548	217	765	549	36	585	2,067	3	2,070

TABLE No. 22 — (*Concluded*).

Showing the residence by counties and classification of patients remaining in State hospitals, September 30, 1891.

COUNTIES.	BINGHAMTON STATE HOSPITAL.			ST. LAWRENCE STATE HOSPITAL.			ROCHESTER STATE HOSPITAL.			STATE ASYLUM FOR INSANE CRIMINALS.		
	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.*	Private.	Total.
Albany	165	.....	165	.....	.....	.....	.....	.....	.....	6	.....	6
Allegany	17	.....	17	.....	.....	.....	.....	.....	.....	1	.....	1
Broome	37	1	38	.....	.....	.....	.....	.....	.....	1	.....	1
Cattaraugus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cayuga	18	.....	18	.....	.....	.....	.....	.....	.....	2	.....	2
Chautauqua	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Chemung	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chenango	81	4	85	.....	.....	.....	.....	.....	.....	2	.....	2
Clinton	2	.....	2	43	.....	43	.....	.....	.....	1	.....	1
Columbia	11	.....	11	.....	.....	.....	.....	.....	.....	1	.....	1
Cortland	39	.....	39	.....	.....	.....	.....	.....	.....	.....	.....	.....
Delaware	52	.....	52	.....	.....	.....	.....	.....	.....	1	.....	1
Dutchess	18	.....	18	.....	.....	.....	.....	.....	.....	3	.....	3
Erie	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Essex	8	.....	8	19	.....	19	.....	.....	.....	1	.....	1
Franklin	.....	.....	.....	8	.....	8	.....	.....	.....	1	.....	1
Fulton	20	.....	20	.....	.....	.....	.....	.....	.....	.....	.....	.....
Genesee	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Greene	19	1	20	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hamilton	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Herkimer	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Jefferson	10	.....	10	26	1	27	.....	.....	.....	3	.....	3
Kings	1	.....	1	.....	.....	.....	.....	.....	.....	5	.....	5
Lewis	3	.....	3	37	.....	37	.....	.....	.....	.....	.....	.....
Livingston	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Madison	10	.....	10	.....	.....	.....	.....	.....	.....	1	.....	1
Monroe	.....	.....	.....	.....	.....	.....	343	23	366	7	.....	7
Montgomery	21	.....	21	.....	.....	.....	.....	.....	.....	.....	.....	.....
New York	.....	.....	.....	.....	.....	.....	.....	.....	.....	16	.....	16
Niagara	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Oneida	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	.....	4
Onondaga	40	.....	40	88	1	89	.....	.....	.....	2	.....	2
Ontario	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Orange	30	.....	30	.....	.....	.....	.....	.....	.....	1	.....	1

Orleans	......	......	......	......	......	......	......	......	......	......	......	......
Oswego	2	......	2	106	......	106	......	......	......	2	......	2
Otsego	50	1	51	......	......	......	......	......	......	1	......	1
Putnam	1	......	1	......	......	......	......	......	......	......	......	......
Queens	4	......	4	......	......	......	......	......	......	1	......	1
Rensselaer	115	......	115	......	......	......	......	......	......	2	......	2
Richmond	3	......	3	......	......	......	......	......	......	......	......	......
Rockland	9	......	9	......	......	......	......	......	......	2	......	2
St. Lawrence	7	......	7	41	5	46	......	......	......	1	......	1
Saratoga	52	......	52	......	......	......	......	......	......	2	......	2
Schenectady	......	......	......	......	......	......	......	......	......	......	......	......
Schoharie	35	......	35	......	......	......	......	......	......	1	......	1
Schuyler	1	1	2	......	......	......	......	......	......	......	......	......
Seneca	......	......	......	......	......	......	......	......	......	1	......	1
Steuben	50	......	50	......	......	......	......	......	......	......	......	......
Suffolk	26	......	26	......	......	......	......	......	......	3	......	3
Sullivan	7	......	7	......	......	......	......	......	......	......	......	......
Tioga	57	......	57	......	......	......	......	......	......	......	......	......
Tompkins	......	......	......	......	......	......	......	......	......	......	......	......
Ulster	26	......	26	......	......	......	......	......	......	4	......	4
Warren	11	......	11	8	......	8	......	......	......	2	......	2
Washington	7	......	7	......	......	......	......	......	......	1	......	1
Wayne	......	......	......	......	......	......	......	......	......	......	......	......
Westchester	60	......	60	......	......	......	......	......	......	1	......	1
Wyoming	......	......	......	......	......	......	......	......	......	......	......	......
Yates	......	......	......	......	......	......	......	......	......	......	......	......
State patients	18	......	18	4	......	4	......	......	......	150	......	150
Unascertained	8	......	8	......	......	......	......	......	......	......	......	......
Total	1,149	8	1,157	380	7	387	343	23	366	239	......	*239

* Patients credited to counties are misdemeanor cases or those who have been committed by order of the courts, having interposed the plea of insanity as their defense.

B. EXEMPTED COUNTY SYSTEM.

TABLE No. 1.

Showing movement of population at the New York city asylums for the year ending September 30, 1891.

	Men.	Women	Total
Remaining October 1, 1890	2,265	2,782	5,047
Admitted during year	721	680	1,401
Total number under treatment during year,	2,986	3,462	6,448
Average daily population	2,361	2,858	5,219
Capacity of institution	2,120	2,130	4,250
Discharged during the year:			
As recovered	79	111	190
As not recovered	193	161	354
Died	255	259	514
Number discharged during the year	527	531	1,058
Remaining October 1, 1891	2,459	2,931	5,390

TABLE No. 2.

General statement of New York city asylums, October 1, 1891.

	Ward's Island.	Blackwell's Island.	Hart's Island.	Central Islip.
Date of opening	1871	1847	1877	1889
Total acreage of grounds and buildings	125	12	28	1,000
Value of real estate, including buildings	.....	.....	.....	$300,000
Acres of farm land under cultivation	18	1½	6	92
Capacity of institution	1,620	1,190	1,140	300
Daily average number under treatment	1,803.4	1,716	1,342	358
Disbursements during year:				
For officers' salaries and wages year ending June 30,'91	$86,345 02	$63,634 71	$40,618 15	$25,528 09
For provisions and stores	112,559 45	106,785 67	74,707 73	27,853 37
For ordinary repairs	475 00	308 05	.....	.....
For farm and grounds	280 00	30 09	.....	.....
For clothing	9,109 20	7,344 08	5,930 32	4,768 80
For furniture and bedding	7,475 17	3,465 97	2,168 74	.....
For fuel and light	21,412 84	15,019 72	9,775 79	6,261 04
For medical supplies	2,658 37	1,849 81	1,229 14	234 15
For miscellaneous expenses	1,958 50	1,349 76	13,124 56	8,700 31
Total disbursements during year	$261,471 59	$199,787 86	$145,385 69	$73,345 76
Weekly per capita cost on current expenditure, inclusive of clothing and officers' salaries	$2 84	$2 24	$2 12	$3 94
Maximum rate of wages paid attendants:				
Men	*40 00	*33 33	*35 00	*50 00
Women	.....	*25 00	*25 00	.....

TABLE No. 2 — (*Concluded*).

General statement of New York city asylums, October 1, 1891.

	Ward's Island.	Blackwell's Island.	Hart's Island.	Central Islip.
Minimum rate of wages paid attendants:				
Men	*$25 00	*$16 66	*$25 00	*$25 00
Women	.....	*18 00	*18 00	.....
Proportion of day attendants to average daily population	1.11	1.12	1.13	1.10
Proportion of night attendants to average daily population	1.67	1.48	1.75	1.44
Percentage of daily population engaged in some kind of useful occupation	†33⅓	†61	†44	†70
Estimated value of farm and garden products during year	$2,500 00	$164 00	$432 84	$4,055 52
Estimated value of articles made or manufactured by patients during the year	25,000 00	3,000 00	5,640 20	434 66

*Per month. †Per cent.

TABLE No. 3.

Showing assigned cause of insanity in admissions to the New York city asylums during the year ending September 30, 1891, and since October 1, 1888.

	Year Ending September 30, 1891.			Since October 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Acute diseases	7	.....	7	48	.....	48
Arrest of mental development	.....	8	8	.....	9	9
Cerebral hæmorrhage	.....	.....	.....	.....	8	8
Change of life	.....	4	4	.....	5	5
Chorea	.....	5	5	.....	6	6
Congenital defect	.....	.....	.....	.....	1	1
Congenital imbecility	8	.....	8	10	.....	10
Dog-bite	.....	.....	.....	1	.....	1
Epilepsy	44	23	67	73	96	169
Excessive smoking	.....	.....	.....	10	.....	10
Heredity	31	96	127	31	328	359
Heredity and intemperance	10	.....	10	10	.....	10
Impotence	2	.....	2	2	.....	2
Injury to head and spine	.....	.....	.....	.....	12	12
Insomnia	7	.....	7	16	.....	16
Intemperance	186	.....	186	380	.....	380
Intemperance in drink	.....	75	75	.....	277	277
Intemperance and overwork	24	.....	24	73	.....	73
Intemperance and sexual excesses	22	.....	22	29	.....	29
La grippe	4	7	11	4	11	15
Lead poisoning	.....	.....	.....	1	.....	1

TABLE NO. 3 — (*Concluded*).

Showing assigned cause of insanity in admissions to the New York city asylums during the year ending September 30, 1891, and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Malaria	4	.....	4	4	.....	4
Masturbation	78	.....	78	144	.....	144
Menstrual disorders	.....	.....	.....	.....	3	3
Miasmatic poisoning	.....	2	2	.....	4	4
Moral causes, including domestic trouble, loss of friends, business anxieties, pecuniary difficulties, grief, fright, disappointed affections, religious excitement, jealousy, etc	28	351	379	112	1,021	1,133
Nephritis	1	.....	1	1	.....	1
Nostalgia	2	.....	2	2	.....	2
Opium smoking	1	.....	1	1	.....	1
Optic neuritis	1	.....	1	1	.....	1
Organic cerebral disease	11	.....	11	15	.....	15
Organic disease of brain and cord	.....	3	3	.....	5	5
Out of employment	18	.....	18	68	.....	68
Ovarian disease	.....	.....	.....	.....	10	10
Overstudy	3	.....	3	3	.....	3
Puerperal condition	.....	34	34	.....	100	100
Pulmonary phthisis	6	.....	6	7	.....	7
Senility	29	69	98	30	192	222
Sexual excess	.....	1	1	.....	3	3
Sunstroke	10	.....	10	24		

Toxic effect of hair dye	1	.....	1	1	.....	1
Traumatism	22	.....	22	74	.....	74
Typhoid fever	4	.....	4	4	.....	4
Uterine diseases	.....	.....	.....	.....	6	6
Unascertained	141	.....	141	966	.....	966
Total	721	680	1,401	2,165	2,106	4,271

TABLE No. 4.

Showing forms of insanity in those admitted, recovered and died at the New York city asylums during the year ending September 30, 1891, and since October 1, 1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	291	70	49	919	232	187
Mania, subacute	.....	.....	.....	.....	.....	.....
Mania, recurrent	26	12	5	115	53	13
Mania, chronic	35	2	27	165	6	61
Melancholia, acute	522	100	81	1,515	309	240
Melancholia, subacute	.....	.....	.....	60	.....	.....
Melancholia, chronic	67	4	26	289	12	63
Alternating (circular) insanity	.....	.....	.....	43	.....	.....
General paralysis	168	.....	104	388	.....	287
Dementia, primary	51	2	10	123	17	28
Dementia, terminal	205	.....	207	604	19	577
Epilepsy	9	.....	.....	9	.....	3
Imbecility	20	.....	3	30	.....	4
Idiocy	7	.....	2	9	.....	2
Not insane*	.....	.....	.....	2	.....	.....

*Includes cases of alcoholism, opium, etc.



TABLE No. 5.

Showing the number and percentage of recoveries and deaths in the New York city asylums, based upon the average daily population since October 1, 1888.

YEARS.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.
1889	4,835	186	3.85	293	6.06
1890	4,969	273	5.49	478	9.62
1891	5,219	190	3.64	514	9.84

TABLE No. 6.

Showing the causes of death of those who died in the New York city asylums during the current year and since October 1, 1888.

CAUSE OF DEATH.	During the Current Year.			Since October 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Apoplexy	8	6	14	20	18	47
Aortic insufficiency	.....	.....	.....	4	.....	4
Asthma	.....	1	1	.....	6	6
Asphyxia by drowning	1	1	2	1	1	2
Asphyxia by hanging	.....	.....	.....	10	.....	10
Abscess, nephritic	1	.....	1	1	.....	1
Abscess, cerebral	.....	2	2	.....	2	2
Abscess, hepatic	.....	.....	.....	1	.....	1
Bronchitis, acute	.....	1	1	.....	7	7
Bronchitis, chronic	.....	1	1	.....	3	3
Bright's disease	6	4	10	21	5	26
Bright's disease, acute	.....	.....	.....	.....	1	1
Bright's disease, chronic	.....	3	3	.....	9	9
Cerebral haemorrhage	.....	3	3	.....	11	11
Cerebral thrombosis	.....	1	1	.....	2	2
Cerebral embolism	.....	1	1	.....	1	1
Cerebral tumor	.....	1	1	.....	1	1
Cerebral congestion	.....	1	1	.....	3	3
Carcinoma of stomach	2	.....	2	2	.....	2
Carcinoma uteri	.....	1	1	.....	5	5
Carcinoma of liver	.....	.....	.....	.....	1	1
Cardiac dilatation	.....	.....	.....	5	6	11

Cardiac hypertrophy	1	.....	1	1	.....	1
Heart failure:						
From exhaustion of acute mania	.....	1	1	.....	3	3
From exhaustion of acute melancholia	.....	.....	.....	.....	3	3
From exhaustion of dementia, secondary	.....	.....	.....	.....	1	1
From exhaustion and senility	.....	.....	.....	.....	2	2
From organic disease	.....	.....	.....	.....	1	1
From mitral and tricuspid disease	.....	.....	.....	6	.....	6
Heart:						
Clot	.....	.....	.....	1	.....	1
Rupture of left ventricle	.....	.....	.....	1	.....	1
Fatty degeneration of	.....	.....	.....	1	.....	1
Valvular disease of	.....	10	10	.....	33	33
Cirrhosis of liver	.....	.....	.....	4	2	6
Cellulitis of face and neck	.....	1	1	.....	1	1
Cellulitis of leg	.....	1	1	.....	1	1
Catarrh, chronic intestinal	1	.....	1	1	.....	1
Diarrhœa, acute	.....	1	1	1	7	8
Diarrhœa, chronic	.....	7	7	.....	31	31
Dysentery, acute	13	6	19	52	25	77
Dysentery, chronic	.....	.....	.....	.....	6	6
Dementia, secondary	.....	.....	.....	32	.....	32
Dementia, senility	.....	.....	.....	16	.....	16
Erysipelas, facial, and mania chronic	.....	.....	.....	1	.....	1
Erysipelas, facial and secondary dementia	.....	.....	.....	1	.....	1
Exhaustion from paralysis	.....	.....	.....	.....	1	1
Exhaustion from dementia, secondary	1	6	7	1	12	13
Exhaustion from chorea and dementia, secondary	.....	.....	.....	.....	1	1
Epithelioma	.....	.....	.....	.....	1	1
Eczema pemphigus	1	.....	1	1	.....	1
Exhaustion of acute mania	.....	4	4	26	27	53

TABLE No. 6 — (*Continued*).

Showing the cause of death of those who died in the New York city asylums during the current year and since October 1, 1868.

CAUSE OF DEATH.	DURING THE CURRENT YEAR.			SINCE OCTOBER 1, 1868.		
	Men.	Women.	Total.	Men.	Women.	Total.
Exhaustion of acute mania and pneumonia	.....	1	1	.....	1	1
Exhaustion of acute mania and erysipelas	.....	1	1	.....	1	1
Exhaustion of chronic mania	.....	.....	.....	.....	3	3
Exhaustion of acute melancholia	.....	1	1	40	9	49
Exhaustion of chronic melancholia	.....	.....	.....	.....	1	1
Exhaustion of dementia, secondary	.....	12	12	.....	21	21
Emphysema	2	.....	2	2	.....	2
Emphysema, cardiac dilatation	.....	1	1	.....	1	1
Emphysema and mitral insufficiency	.....	1	1	.....	1	1
Epithelioma of scalp	.....	1	1	.....	1	1
Erysipelas of face and legs	.....	.....	.....	.....	1	1
Erysipelas of buttocks	.....	1	1	.....	1	1
Erysipelas of leg	.....	1	1	.....	1	1
Epilepsy	6	4	10	30	25	55
Gastro-duodenitis, acute	1	.....	1	1	.....	1
Gangrene of lower extremities	.....	.....	.....	.....	1	1
Gangrene of foot	.....	.....	.....	.....	2	2
Gastritis	.....	.....	.....	.....	1	1
Gastro-enteritis	.....	.....	.....	.....	1	1
General paresis	.....	.....	.....	.....	1	1
Hemiplegia	76	4	80	216	21	237

Meningitis	6	.....	6	9	.....	9
Meningitis, cerebro-spinal	.....	1	1	.....	1	1
Meningitis, pachy-hæmorrhagia	.....	3	3	.....	3	3
Meningitis, lepto	.....	2	2	.....	2	2
Myocarditis fibrosa	.....	1	1	.....	1	1
Mal-assimilation and insomnia	4	.....	4	4	.....	4
Myelitis	1	1	2	2	1	3
Neuritis multiple	.....	1	1	.....	2	2
Œdema, pulmonary	47	1	48	53	5	58
Œdema of glottis	.....	.....	.....	1	.....	1
Ovarian tumor	.....	1	1	.....	1	1
Pneumonia, lobar, acute	21	30	51	38	41	79
Pneumothorax	.....	1	1	.....	1	1
Phthisis pulmonalis	48	108	156	105	279	384
Pleuro-pneumonia	.....	.....	.....	.....	1	1
Paraplegia	.....	2	2	.....	2	2
Pyloric obstructions	.....	1	1	.....	1	1
Peritonitis	1	.....	1	1	1	2
Paralysis	.....	.....	.....	.....	1	1
Pneumonia, catarrhal, acute	.....	2	2	.....	2	2
Pleuritis	.....	.....	.....	.....	1	1
Pericarditis	.....	.....	.....	.....	1	1
Peritonitis, simple, acute	.....	3	3	.....	3	3
Pyæmia and septic absorption	4	.....	4	14	.....	14
Septicæmia	.....	1	1	.....	1	1
Septicæmia, puerperal	.....	.....	.....	.....	1	1
Septicæmia from palmar abscess	.....	.....	.....	.....	1	1
Septicæmia from fracture of radius	.....	.....	.....	.....	1	1
Senility	.....	.....	.....	.....	19	19
Senility, chronic diarrhœa	.....	.....	.....	.....	1	1
Senility, chronic bronchitis	.....	.....	.....	.....	2	2

TABLE No. 6 — (*Concluded*).

Showing the causes of death of those who died in the New York city asylums during the current year and since October 1, 1888.

CAUSE OF DEATH.	DURING THE CURRENT YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Scorbutus	.....	.....	.....	.....	1	1
Syphilis	.....	.....	.....	1	.....	1
Syncope	1	.....	1	1	.....	1
Shock from injury	1	.....	1	1	.....	1
Tuberculosis, acute	.....	1	1	.....	2	2
Tuberculosis, general	.....	.....	.....	3	.....	3
Typhoid fever	1	.....	1	2	1	3
Ulcer, trophic of back and hips	.....	2	2	.....	2	2
Total	255	259	514	744	721	1,465

TABLE No. 7.

Showing the first and subsequent admissions of those admitted to the New York city asylums during the current year and since October 1, 1888.

NUMBER OF ADMISSIONS.	DURING THE CURRENT YEAR.						SINCE OCTOBER 1, 1888.					
	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.			CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
First	626	596	1,222	....	....	....	1,908	1,739	3,647	....	....	.....
Second	79	56	135	4	23	27	217	256	473	15	109	124
Third	13	16	29	2	26	28	30	64	94	5	73	78
Fourth or more	3	12	15	....	34	34	10	47	57	3	127	130
Total cases	721	680	1,401	6	83	89	2,165	2,106	4,271	23	309	332
Total persons	715	670	1,385	6	46	52	2,142	2,054	4,196	23	89	112

TABLE No. 8.

Showing hereditary tendency to insanity in cases admitted to the New York city asylums during the current year and since October 1, 1888.

	During the Current Year.			Since October 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch	38	14	52	90	27	117
Maternal branch	30	27	57	73	65	138
Paternal and maternal branches	3	2	5	13	4	17
Collateral branches	28	68	96	121	141	262
No hereditary tendency	382	399	781	930	1,053	1,983
Unascertained	240	170	410	938	816	1,754
Total	721	680	1,401	2,165	2,106	4,271

TABLE No. 9.

Showing civil condition of those admitted to the New York city asylums during the current year and since October 1, 1888.

CIVIL CONDITION.	DURING THE CURRENT YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	378	248	626	1,089	791	1,880
Married	285	304	589	843	914	1,757
Widowed	47	125	172	148	350	498
Divorced	1	.....	1	1	.....	1
Unascertained	10	3	13	84	51	135
Total	721	680	1,401	2,165	2,106	4,271

TABLE No. 10.

Showing degree of education of those admitted to the New York city asylums during the current year and since October 1, 1888.

DEGREE OF EDUCATION.	DURING THE CURRENT YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	13	1	14	36	1	37
Academic	9	.....	9	54	.....	54
Common school	186	27	213	524	111	635
Read and write	422	453	875	1,018	1,309	2,327
Read only	17	41	58	42	151	193
No education	37	119	156	102	349	451
Unascertained	37	39	76	389	185	574
Total	721	680	1,401	2,165	2,106	4,271

TABLE No. 11.

Showing the duration of insanity previous to admission and the period under treatment of those discharged recovered in the New York city asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	Year Ending September 30, 1891.		
	Men.	Women.	Total.
Under one month	32	53	85
One to three months	8	28	36
Three to six months	6	7	13
Six to nine months	2	1	3
Nine months to one year	.....	2	2
One year to eighteen months	.....	2	2
Eighteen months to two years	.....	1	1
Two to three years	1	2	3
Three to four years	1	.....	1
Ten to twenty years	.....	3	3
Unascertained	29	12	41
Total	79	111	190
PERIOD UNDER TREATMENT.			
Under one month	4	.....	4
One to three months	25	32	57
Three to six months	15	36	51
Six to nine months	10	23	33
Nine months to one year	10	12	22
One year to eighteen months	8	1	9
Eighteen months to two years	2	2	4
Two to three years	3	1	4
Three to four years	1	1	2
Five to ten years	1	1	2
Ten to twenty years	.....	2	2
Total	79	111	190

TABLE No. 11—(*Concluded*).

Showing the duration of insanity previous to admission and the period under treatment of those discharged recovered in the New York city asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	73	122	195
One to three months	18	72	90
Three to six months	13	19	32
Six to nine months	5	7	12
Nine months to one year	3	3	6
One year to eighteen months	1	7	8
Eighteen months to two years	1	2	3
Two to three years	5	7	12
Three to four years	1	4	5
Four to five years	.....	3	3
Five to ten years	.....	4	4
Ten to twenty years	.....	8	8
Unascertained	114	156	270
Total	234	414	648
PERIOD UNDER TREATMENT.			
Under one month	11	29	40
One to three months	62	134	196
Three to six months	44	108	152
Six to nine months	32	72	104
Nine months to one year	27	36	63
One year to eighteen months	22	12	34
Eighteen months to two years	12	9	21
Two to three years	13	6	19
Three to four years	5	5	10
Four to five years	2	.....	.....
Five to ten years	3	1	4
Ten to twenty years	1	2	3
Total	234	414	648

TABLE No. 12.

Showing the duration of insanity previous to admission and the period under treatment of those discharged not recovered at the New York city asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	Year Ending September 30, 1891.		
	Men.	Women.	Total.
Under one month	71	49	120
One to three months	27	18	45
Three to six months	11	20	31
Six to nine months	4	7	11
Nine months to one year	6	5	11
One year to eighteen months	4	7	11
Eighteen months to two years	4	2	6
Two to three years	2	5	7
Three to four years	2	3	5
Four to five years	9	.....	9
Five to ten years	4	3	7
Ten to twenty years	....	5	5
Twenty to thirty years	....	1	1
Unascertained	69	36	105
Total	213	161	374
Period Under Treatment.			
Under one month	36	24	60
One to three months	55	29	84
Three to six months	38	25	63
Six to nine months	26	28	54
Nine months to one year	11	12	23
One year to eighteen months	12	16	28
Eighteen months to two years	....	4	4
Two to three years	10	9	19
Three to four years	6	3	9
Four to five years	8	1	9
Five to ten years	10	9	19
Ten to twenty years	1	1	1
Total	213	161	374



TABLE NO. 12—(*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered at the New York city asylums during the current year and since October 1, 1888.

	SINCE OCTOBER 1, 1888.		
DURATION PREVIOUS TO ADMISSION.	Men.	Women.	Total.
Under one month	171	118	289
One to three months	76	41	117
Three to six months	41	38	79
Six to nine months	17	19	36
Nine months to one year	20	14	34
One year to eighteen months	35	15	50
Eighteen months to two years	10	9	19
Two to three years	17	14	31
Three to four years	5	7	12
Four to five years	17	4	21
Five to ten years	18	6	24
Ten to twenty years	5	10	15
Twenty to thirty years	....	2	2
Over thirty years	....	3	3
Unascertained	813	298	1,111
Total	1,245	598	1,843
PERIOD UNDER TREATMENT.			
Under one month	186	139	325
One to three months	187	100	287
Three to six months	106	106	212
Six to nine months	88	66	154
Nine months to one year	48	36	84
One year to eighteen months	38	40	78
Eighteen months to two years	68	23	91
Two to three years	66	30	96
Three to four years	66	20	86
Four to five years	165	9	174
Five to ten years	121	24	145
Ten to twenty years	106	3	109
Twenty to thirty years	....	2	2
Total	1,245	598	1,843

TABLE No. 13.

Showing the duration of insanity previous to admission, and the period under treatment of those who died in the New York city asylums, during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	Year Ending September 30, 1891.		
	Men.	Women.	Total.
Under one month	45	34	79
One to three months	24	24	48
Three to six months	12	8	20
Six to nine months	6	2	8
Nine months to one year	13	9	22
One year to eighteen months	9	2	11
Eighteen months to two years	2	6	8
Two to three years	10	2	12
Three to four years	4	6	10
Four to six years	5	2	7
Six to ten years	2	5	7
Unascertained	123	159	282
Total	255	259	514
Period Under Treatment.			
Under one month	56	30	86
One to three months	40	26	66
Three to six months	29	13	42
Six to nine months	13	16	29
Nine months to one year	19	21	40
One year to eighteen months	15	16	31
Eighteen months to two years	6	8	14
Two to three years	29	22	51
Three to four years	17	13	30
Four to six years	5	12	17
Six to ten years	17	28	45
Ten to twenty years	6	37	43
Twenty years and over	3	17	20
Total	255	259	514



TABLE No. 13 — (*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those who died in the New York city asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	99	66	165
One to three months	55	51	106
Three to six months	35	26	61
Six to nine months	32	12	44
Nine months to one year	33	20	53
One year to eighteen months	23	11	34
Eighteen months to two years	14	16	30
Two to three years	18	14	32
Three to four years	9	12	21
Four to six years	5	13	18
Six to ten years	4	12	16
Ten to twenty years	2	3	5
Twenty years and over	3	7	10
Unascertained	412	458	870
Total	744	721	1,465
PERIOD UNDER TREATMENT.			
Under one month	148	89	237
One to three months	124	69	193
Three to six months	81	46	127
Six to nine months	42	37	79
Nine months to one year	34	50	84
One year to eighteen months	36	45	81
Eighteen months to two years	18	26	44
Two to three years	51	53	104
Three to four years	47	49	96
Four to six years	44	56	100
Six to ten years	63	68	131
Ten to twenty years	53	151	154
Twenty years and over	3	32	35
Total	744	721	1,465

TABLE No. 14.

Showing ages of those admitted to the New York city asylums during the current year and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years	6	.....	6	11	4	15
From fifteen to twenty years	48	46	94	120	125	245
From twenty to twenty-five years	86	134	220	284	315	599
From twenty-five to thirty years	112	91	203	345	349	694
From thirty to thirty-five years	111	115	226	320	345	665
From thirty-five to forty years	99	64	163	296	224	520
From forty to fifty years	134	112	246	403	351	754
From fifty to sixty years	76	59	135	223	197	420
From sixty to seventy years	25	37	62	101	112	213
From seventy to eighty years	12	17	29	28	63	91
From eighty to ninety years	2	4	6	10	11	21
From ninety to 100 years	1	1	2	9	1	10
Age unknown	9	.....	9	15	9	24
Total	721	680	1,401	2,165	2,106	4,271

TABLE No. 17.

Showing alleged duration of insanity previous to admission in those admitted to the New York city asylums during the year ending September 30, 1891.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	183	217	400
One to three months	91	91	182
Three to six months	57	55	112
Six to nine months	38	25	63
Nine months to one year	45	3	48
One year to eighteen months	29	38	67
Eighteen months to two years	23	8	31
Two to three years	27	33	60
Three to four years	15	8	23
Four to five years	12	6	18
Five to ten years	19	24	43
Ten to fifteen years	5	11	16
Fifteen to twenty years	3	2	5
Twenty to thirty years	2	1	3
Unascertained	172	158	330
Total	721	680	1,401

TABLE No. 18.

Showing period of residence in asylum of those remaining under treatment at the New York city asylums September 30, 1891.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	47	50	97
One to three months	102	114	216
Three to six months	123	109	232
Six to nine months	103	126	229
Nine months to one year	83	88	171
One year to eighteen months	158	157	315
Eighteen months to two years	112	169	281
Two to three years	232	273	505
Three to four years	176	210	386
Four to five years	193	204	397
Five to ten years	566	651	1,217
Ten to fifteen years	396	403	799
Fifteen to twenty years	162	206	368
Twenty to thirty years	5	136	141
Thirty years and upwards	1	35	36
Total	2,459	2,931	5,390

TABLE No. 19.

Showing the occupation of those admitted to the New York city asylums during the current year and since October 1, 1888.

OCCUPATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Actresses	.....	.....	.....	.....	2	2
Agents	16	.....	16	38	.....	38
Artists	3	2	5	6	4	10
Attendants	.....	.....	.....	.....	3	3
Bakers	9	.....	9	35	.....	35
Barbers	6	.....	6	12	.....	12
Bartenders	.....	.....	.....	10	.....	10
Blacksmiths	.....	.....	.....	10	.....	10
Boiler makers	.....	.....	.....	2	.....	2
Book agents	.....	.....	.....	1	1	2
Bookbinders	4	.....	4	7	.....	7
Bookfolders	.....	1	1	.....	4	4
Bookkeepers	9	.....	9	21	.....	21
Boxmakers	.....	.....	.....	.....	3	3
Brewers	.....	.....	.....	.....	3	3
Bricklayers	.....	.....	.....	5	.....	5
Brokers	.....	.....	.....	.....	4	4
Broommaker	.....	.....	.....	1	.....	1
Brushmakers	.....	.....	.....	2	2	4
Builders	.....	.....	.....	5	.....	5
Butchers	9	.....	9	29	.....	29
Card trimmer	.....	.....	.....	.....	1	1
Cloakmakers	.....	3	3	.....	5	5
Cooks	13	14	27	26	45	71

TABLE No. 19 — (*Continued*).

Showing the occupation of those admitted to the New York city asylums during the current year and since October 1, 1888.

OCCUPATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Cigarmakers	.....	1	1	.....	8	8
Crayon artist	.....	.....	.....	.....	1	1
Clerks	20	2	22	85	2	87
Carpet sewer	.....	1	1	.....	1	1
Chambermaid	.....	1	1	.....	1	1
Coatmaker	.....	1	1	.....	1	1
Carpenters	29	.....	29	96	.....	96
Conductor	2	.....	2	8	.....	8
Chemists	3	.....	3	10	.....	10
Civil engineers	3	.....	3	4	.....	4
Carriage trimmers	.....	.....	.....	2	.....	2
Cutters	.....	.....	.....	2	.....	2
Collectors	.....	.....	.....	2	.....	2
Contractor	.....	.....	.....	1	.....	1
Domestics	.....	296	296	.....	821	821
Dressmakers	.....	16	16	.....	58	58
Drivers	32	.....	32	89	.....	89
Designer	.....	.....	.....	1	.....	1
Dentist	.....	.....	.....	1	.....	1
Decorators	.....	.....	.....	4	.....	4
Diamond cutter	.....	.....	.....	1	.....	1
Electrotypers	2	.....	2	2	.....	2
Engineers	.....	.....	.....	15	.....	15
Engravers	.....	.....	.....	10	.....	10



Elocutionist	.....	.....	.....	1	.....	1
Flower makers	.....	2	2	.....	5	5
Factory girls	.....	.....	.....	.....	2	2
Feather curler	.....	.....	.....	.....	1	1
Fancy-work maker	.....	.....	.....	.....	1	1
Farmers	6	.....	6	32	.....	32
Florists	2	.....	2	4	.....	4
Fisherman	.....	.....	.....	1	.....	1
Furrier	.....	.....	.....	1	.....	1
Firemen	.....	.....	.....	14	.....	14
Glassworker	.....	.....	.....	1	.....	1
Glazier	.....	.....	.....	1	.....	1
Goldbeater	.....	.....	.....	1	.....	1
Housewives	.....	163	163	.....	530	530
Housekeepers	.....	68	68	.....	197	197
Hat trimmer	.....	.....	.....	.....	1	1
Harness maker	.....	.....	.....	1	.....	1
Inventor	.....	.....	.....	1	.....	1
Investigators	.....	.....	.....	2	.....	2
Janitresses	.....	1	1	.....	2	2
Jewelers	5	.....	5	21	.....	21
Jewelers	.....	.....	.....	1	.....	1
Journalists	1	.....	1	6	.....	6
Laundresses	.....	10	10	.....	32	32
Ladies' maids	.....	.....	.....	.....	2	2
Lacemaker	.....	.....	.....	.....	1	1
Landladies	.....	2	2	.....	2	2
Laborers	140	.....	140	452	.....	452
Liquor dealers	10	.....	10	19	.....	19
Locksmiths	.....	.....	.....	4	.....	4

TABLE NO. 19 — (*Continued*).

Showing the occupation of those admitted to the New York city asylums during the current year and since October 1, 1888.

OCCUPATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Landlords	.....	.....	.....	3	.....	3
Milliners	.....	3	3	.....	4	4
Manicure	.....	.....	.....	.....	1	1
Molders	3	.....	3	11	.....	11
Mechanics	75	.....	75	90	.....	90
Merchants	32	.....	32	67	.....	67
Machinists	16	.....	16	16	.....	16
Musicians	8	.....	8	16	.....	16
Miller	1	.....	1	1	.....	1
Masons	.....	.....	.....	10	.....	10
Miners	.....	.....	.....	3	.....	3
Missionary	.....	.....	.....	1	.....	1
Matmaker	.....	.....	.....	1	.....	1
Nurses	.....	2	2	2	13	15
News dealer	1	.....	1	1	.....	1
Office boy	.....	.....	.....	1	.....	1
Oystermen	.....	.....	.....	11	.....	11
Prostitutes	.....	1	1	.....	6	6
Paper folders	.....	1	1	.....	3	3
Peddlers	13	.....	13	38	1	39
Passementerie makers	.....	1	1	.....	1	1
Press feeders	.....	1	1	1	1	2
Painters	21	.....	21	43	.....	43
Piano makers	5	.....	5	5	.....	5



Paper hangers	5	.....	5	7	.....	7
Printers	13	.....	13	33	.....	33
Plumbers	12	.....	12	18	.....	18
Professionals	7	.....	7	16	.....	16
Plasterers	4	.....	4	10	.....	10
Policemen	1	.....	1	2	.....	2
Photographers	.....	.....	.....	3	.....	3
Paper worker	.....	.....	.....	1	.....	1
Real estate agent	.....	1	1	.....	1	1
Reporters	.....	.....	.....	2	.....	2
Roofers	.....	.....	.....	3	.....	3
Shop girls	.....	.....	.....	.....	2	2
Shirtmakers	.....	.....	.....	.....	2	2
Sales women	.....	5	5	.....	9	9
Seamstress	.....	.....	.....	.....	1	1
Seamstresses	.....	13	13	.....	65	65
Silk weavers	.....	1	1	.....	4	4
Shoemakers	7	.....	7	35	.....	35
Stone cutters	6	.....	6	16	.....	16
Sailors	12	.....	12	29	.....	29
School boys	2	.....	2	2	.....	2
Students	3	.....	3	6	.....	6
Sugar manufacturers	.....	.....	.....	2	.....	2
Stationer	.....	.....	.....	1	.....	1
Soldier	.....	.....	.....	1	.....	1
Speculators	.....	.....	.....	3	.....	3
Storekeepers	.....	.....	.....	3	.....	3
Spring makers	.....	.....	.....	2	.....	2
Tailors	39	.....	39	108	.....	108
Tailoresses	.....	4	4	.....	15	15
Teachers	2	3	5	6	12	18

TABLE No. 19 — (*Concluded*).

Showing the occupation of those admitted to the New York city asylums during the current year and since October 1, 1888.

OCCUPATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Telegraph operators	.....	.....	.....	1	1	2
Tie makers	.....	2	2	.....	5	5
Tinsmiths	10	.....	10	18	.....	18
Tobacconists	11	.....	11	52	.....	52
Tobacco strippers	.....	4	4	.....	9	9
Umbrella maker	.....	1	1	.....	1	1
Upholsterers	.....	.....	.....	4	.....	4
Variety actors	.....	.....	.....	2	.....	2
Varnishers	.....	.....	.....	3	.....	3
Waitresses	.....	.....	.....	.....	6	6
Wet nurse	.....	1	1	.....	1	1
Weavers	1	.....	1	8	.....	8
Waiters	8	.....	8	44	.....	44
Watchmaker	.....	.....	.....	1	.....	1
Wire drawer	.....	.....	.....	1	.....	1
Workers in wood	.....	.....	.....	7	.....	7
Watchmen	.....	.....	.....	5	.....	5
None	49	40	89	102	82	184
Unknown	30	12	42	175	124	299
Total	721	680	1,401	2,165	2,106	4,271



TABLE No. 20.

Showing the nativity of patients admitted to the New York city asylums during the current year and since October 1, 1888.

NATIVITY.	DURING THE YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Austria	11	23	34	35	40	79
Algiers	.....	.....	.....	1	.....	1
Belgium	3	1	4	5	3	8
Bohemia	2	8	10	12	27	39
Canada	9	2	11	18	17	35
China	.....	.....	.....	3	.....	3
Chili	1	.....	1	1	.....	1
Cuba	.....	1	1	4	3	7
Denmark	3	.....	3	7	3	10
England	23	30	53	73	73	146
East Indies	.....	.....	.....	1	.....	1
France	14	6	20	43	19	62
Finland	2	.....	2	3	.....	3
Germany	146	103	249	434	343	777
Gallicia	.....	.....	.....	.....	1	1
Holland	3	.....	3	8	.....	8
Hungary	12	10	22	31	37	68
Ireland	149	244	393	432	791	1,223
Italy	22	9	31	59	23	82
Japan	.....	.....	.....	1	.....	1
Malta	.....	.....	.....	2	.....	2
Macedonia	.....	1	1	.....	1	1
Mexico	.....	.....	.....	3	.....	3
Norway	3	.....	3	8	2	10

TABLE No. 20 — (*Concluded*).

Showing the nativity of patients admitted to the New York city asylums during the current year and since October 1, 1888.

NATIVITY.	DURING THE YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Newfoundland	2	.....	2	5	1	6
Nova Scotia	.....	1	1	2	1	3
Other British possessions	.....	.....	.....	1	.....	1
Poland	9	4	13	25	20	45
Prussia	2	.....	2	2	2	4
Russia	26	26	52	65	64	129
Roumania	1	4	5	2	7	9
Scotland	4	8	12	26	17	43
South America	.....	.....	.....	1	.....	1
Spain	1	.....	1	1	.....	1
Sweden	6	7	13	26	17	43
Switzerland	3	2	5	14	14	28
Saxony	.....	.....	.....	.....	1	1
Turkey	1	.....	1	1	.....	1
United States	259	185	444	785	562	1,347
Wales	1	3	4	1	6	7
West Indies	.....	1	1	.....	3	3
Unknown	3	1	4	23	9	32
Total	721	680	1,401	2,165	2,106	4,271

TABLE No. 1.

Showing movement of population in the Kings County asylums for the year ending September 30, 1891.

	Men.	Women.	Total.
Remaining October 1, 1890	782	1,103	1,885
Admitted during year	236	250	486
Total number under treatment during year,	1,018	1,353	2,371
Average daily population	811	1,137	1,948
Capacity of institution	778	902	1,680
Discharged during the year:			
As recovered	57	52	109
As not recovered	37	37	74
As not insane	....	....	....
Died	96	95	191
Whole number discharged during the year	190	184	374
Remaining October 1, 1891	828	1,169	1,997

TABLE No. 2.

General statement of the Kings county asylums, October 1, 1891.

Date of opening	1838, lodge. 1844, middle house asylum.
Acres of farm land under cultivation,	About thirty acres; eight acres cemetery. Total number, 828 acres at Kings park.
Maximum rate of wages paid attendants:	
Men (per month)	$25 00
Women (per month)	18 00
Minimum rate of wages paid attendants:	
Men (per month)	18 00
Women (per month)	12 00
Proportion of day attendants to average daily population,	1 to 9
Proportion of night attendants to average daily population,	1 to 122
Percentage of daily population engaged in some kind of useful occupation (per cent)	39

TABLE No. 3.

Showing assigned causes of insanity in cases admitted to the Kings county asylums during the year ending September 30, 1891, and since October 1, 1888.

	Year Ending September 30, 1891.			Since October 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Alcoholism	41	8	49	164	34	198
Abortion	.....	2	2	.....	2	2
Apoplexy	.....	.....	.....	3	.....	3
Anæsthesia, surgical operation	.....	1	1	.....	1	1
Attending insane	.....	.....	.....	.....	1	1
Anxiety	10	1	11	10	1	11
Business trouble	1	.....	1	5	.....	5
Cigarettes	.....	1	1	.....	2	2
Child, loss of	.....	1	1	.....	2	2
Cerebral embolism	.....	.....	.....	1	.....	1
Cerebral hæmorrhage	.....	.....	.....	1	.....	1
Dissolute habits	.....	1	1	.....	1	1
Domestic worry	.....	1	1	.....	3	3
Disappointment in love	.....	.....	.....	3	.....	3
Excess of heat	1	.....	1	1	.....	1
Explosion	.....	1	1	.....	1	1
Exposure	.....	1	1	.....	1	1
Epilepsy	15	16	31	54	39	93
Erysipelas	.....	.....	.....	1	.....	1
Fever	.....	.....	.....	1	.....	1
Fast life	.....	.....	.....	1	.....	1
Fever, typhoid	.....	.....	.....	1	.....	1

Grief	4	2	6	8	9	17
Hydrocephalus	1	.....	1	2	.....	2
Insomnia	1	.....	1	2	.....	2
Injury to head	2	.....	2	7	.....	7
Insolation	.....	.....	.....	2	1	3
Ill health	.....	.....	.....	5	2	7
Injury	.....	.....	.....	1	.....	1
Lactation	.....	1	1	.....	9	9
Grippe	6	1	7	6	1	7
Loss of money	1	.....	1	1	.....	1
Masturbation	2	1	3	31	3	34
Malaria	1	1	2	2	.....	2
Menopause	.....	1	1	.....	6	6
Menstrual irregularities	.....	.....	.....	.....	1	1
Nostalgia	1	.....	1	.....	3	3
Opium	.....	2	2	.....	.....	.....
Overwork	1	1	2	8	2	10
Mental strain	1	.....	1	1	.....	1
Puerperal state	.....	9	9	.....	44	44
Pneumonia	.....	.....	.....	2	1	3
Puberty	.....	.....	.....	.....	1	1
Pregnancy	.....	.....	.....	.....	1	1
Pertussis	.....	.....	.....	.....	1	1
Paralytic stroke	.....	.....	.....	1	.....	1
Religion	2	9	11	3	10	13
Senility	8	35	43	23	82	105
Syphilis	.....	1	1	.....	2	2
Scarlet fever	.....	1	1	.....	2	2
Surgical operation	.....	1	1	.....	1	1
Sexual excess	2	.....	2	4	.....	4
Trouble	1	.....	1	10	8	18

TABLE NO. 3 — (*Concluded*).

Showing assigned causes of insanity in cases admitted to the Kings county asylums during the year ending September 30, 1891, and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Tobacco	1	.....	1	1	.....	1
Traumatism	.....	.....	.....	1	.....	1
Unnatural habits	.....	.....	.....	1	.....	1
Worry	.....	.....	.....	4	1	5
Total	103	100	203	372	279	651

TABLE No. 4.

Showing forms of insanity in those admitted, recovered and died in the Kings county asylums during the year ending September 30, 1891, and since October 1, 1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	79	31	11	153	68	26
Mania, subacute	12	.....	1	22	.....	1
Mania, recurrent	4	8	1	43	21	2
Mania, chronic	30	5	12	85	6	36
Melancholia, acute	64	32	19	290	107	57
Melancholia, subacute	5	.....	.....	7	2	.....
Melancholia, chronic	16	.....	13	57	.....	23
Alternating (circular) insanity	2	.....	1	5	.....	3
General paralysis	17	1	24	96	3	68
Dementia, primary	40	11	9	104	16	56
Dementia, terminal	34	2	37	121	5	71
Epilepsy	30	3	4	84	9	30
Imbecility	13	.....	4	44	.....	12
Idiocy	4	.....	1	7	.....	2
Not insane*	.....	.....	.....	4	2	2
Alcoholism, acute	1	.....	.....	1	6	.....
Cretinism	.....	.....	.....	1	.....	.....
Dementia, alcoholic	21	4	5	55	7	19
Dementia, organic	1	.....	5	18	.....	12
Dementia, puerperal	1	1	.....	1	1	.....
Dementia, senile	55	.....	38	138	1	83

*Includes cases of alcoholism, opium habit, etc.

TABLE No. 4 — (*Concluded*).

Showing forms of insanity in those admitted, recovered and died in the Kings county asylums during the year ending September 30, 1891, and since October 1, 1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Insanity, masturbatory	1	.....	.....	5	.....	.....
Insanity, moral	.....	.....	.....	3	1	.....
Insanity, post febrile	1	1	.....	2	1	.....
Insanity, primary confusional	2	2	1	4	3	1
Insanity, pubescent	.....	.....	.....	5	.....	.....
Insanity, stuporous	5	2	.....	7	.....	1
Mania a potu	.....	1	.....	1	1	.....
Mania, alcoholic	7	5	.....	18	4	.....
Mania, religious	4	.....	.....	4	.....	.....
Mania, puerperal	5	9	.....	37	16	2
Melancholia, alcoholic	2	4	.....	23	36	2
Melancholia, agitata	1	1	.....	8	.....	2
Melancholia, attonita	.....	.....	1	2	2	1
Melancholia, puerperal	3	.....	.....	10	2	.....
Nymphomania	.....	.....	.....	3	1	.....
Paranoia	26	1	4	110	5	5
Total	486	124	191	1,578	326	517

TABLE No. 5.

Showing the number and percentage of recoveries and deaths, in the Kings county asylums, based upon the average daily population since October 1, 1888.

YEARS.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.
1889	1,727	102	5.90	134	7.75
1890	1,836	115	6.26	192	10.45
1891	1,948	109	5.59	191	9.80

TABLE No. 6.

Showing the causes of death of those who died in the Kings county asylums during the current year and since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Asthenia	.....	6	6	6	18	24
Asthenia and phthisis pulmonalis	.....	.....	.....	4	6	10
Asthenia and diarrhœa, chronic	1	.....	1	3	2	5
Asthenia and senectus	3	8	11	19	20	39
Asthenia and erysipelas	.....	.....	.....	1	.....	1
Asthenia senectus and strangulated hernia	.....	.....	.....	1	.....	1
Asthenia and obstructed intestine	.....	.....	.....	1	1	2
Asthenia due to epileptic convulsion	.....	.....	.....	1	.....	1
Asthenia and melancholia	1	6	7	10	9	19
Asthenia and dementia	2	1	3	5	3	8
Asthenia and dysen ery	1	.....	1	1	2	3
Asthenia and acute mania	5	.....	5	7	1	8
Asthenia and diarrhœa	1	4	5	5	11	16
Asthenia and status epilepticus	.....	.....	.....	1	1	2
Asthenia and apoplexy	.....	.....	.....	3	.....	3
Asthenia and inanition	.....	.....	.....	.....	1	1
Asthenia and pneumonia	.....	.....	.....	.....	1	1
Asthenia and morb. cordosis	1	.....	1	2	3	5
Asthenia and nephritis	.....	.....	.....	.....	2	2
Asthenia pneumonia and melancholia	.....	.....	.....	1	.....	1
Asthenia and suppurative otitis	.....	.....	.....	1	.....	1
Asthenia hereditary syphilis and phthisis	.....	.....	.....	.....	1	1

Asthenia and cerebral hemorrhage	.....	.....	.....	.....	3	3
Asthenia and chronic mania	2	.....	2	2	2	4
Asthenia and enteritis	.....	.....	.....	1	.....	1
Asthenia diarrhœa and morb. cordosis	.....	.....	.....	.....	1	1
Asthenia dementia, epileptic	.....	.....	.....	.....	1	1
Asthenia general paresis	2	.....	2	3	.....	3
Asthenia nephritis, chronic	.....	1	1	.....	1	1
Asthenia nephritis and mania acute	.....	.....	1	1	.....	1
Asthenia erysipelas, brachii	1	.....	1	1	.....	1
Asthenia dementia senile	4	2	6	4	2	6
Asthenia erysipelas, brachii and paresis	.....	1	1	.....	1	1
Asthenia acute diarrhœa and terminal dementia	1	.....	1	1	.....	1
Asthenia and dementia, primary	2	.....	2	2	.....	2
Asthenia and hæmorrhage of intestine	.....	1	1	.....	1	1
Asthenia and inflammation of bowels	.....	.....	.....	1	.....	1
Asthenia and paralysis	1	.....	1	1	.....	1
Asthenia and gangrene of feet	.....	.....	.....	.....	1	1
Asthenia and hemiplegia	.....	.....	.....	.....	1	1
Asthenia and cirrhosis of liver	.....	1	1	.....	1	1
Apnœa, œdema pulmonalis	.....	.....	.....	1	.....	1
Apnœa œdema pulmonalis, aneurism	.....	1	1	.....	1	1
Apnœa pneumonia and typhoid fever	1	.....	1	1	.....	2
Aortic insufficiency	.....	.....	.....	.....	2	2
Bright's disease	.....	.....	.....	2	.....	2
Bright's disease, chronic	1	.....	1	1	1	2
Bronchitis	.....	.....	.....	.....	1	1
Cardiac syncope	.....	.....	.....	.....	1	1
Cirrhosis of liver and erysipelas	.....	.....	.....	1	.....	1
Cerebral hemorrhage and senile dementia	1	1	2	1	1	2
Congestion of lungs and brain	1	.....	1	1	.....	1
Convulsion from internal hæmorrhage	1	.....	1	1	.....	1

TABLE No. 6 — (*Continued*).

Showing the causes of death of those who died in the Kings county asylums during the current year and since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Chronic meningitis	1	.....	1	1	1	2
Cerebro spinal sclerosis	.....	1	1	.....	1	1
Cancer of uterus	.....	2	2	.....	2	2
Cancer of breast	.....	1	1	.....	1	1
Congestion of lungs	.....	1	1	2	1	3
Congestion of lungs and inflammation bowels	.....	.....	.....	1	.....	1
Cerebral hæmorrhage	4	4	8	8	12	20
Cerebral embolism and valvular disease of heart	.....	.....	.....	.....	1	1
Dysentery	.....	.....	.....	.....	2	2
Diarrhœa and melancholia	.....	.....	.....	1	.....	1
Diarrhœa and senectus	1	.....	1	2	2	4
Dysentery and senectus	.....	.....	.....	1	1	2
Diarrhœa chronic and nephritis	1	.....	1	1	.....	1
Dementia senile	1	.....	1	1	.....	1
Dementia paretic	.....	1	1	.....	1	1
Diarrhœa acute	1	.....	1	1	.....	1
Dysentery acute, melancholia acute	.....	1	1	.....	1	1
Diarrhœa chronic	1	.....	1	1	1	2
Dysentery and senectus	.....	1	1	.....	1	1
Erysipelas and senile dementia	.....	1	1	.....	1	1
Epilepsy	.....	.....	.....	.....	3	3
General paresis	12	2	14	45	8	53

General paresis and diarrhœa	.....	.....	.....	1	.....	1
Gastro enteritis	.....	.....	.....	1	.....	1
Gastritis and inanition	.....	.....	.....	1	.....	1
Gangrene of mouth and leg	.....	1	1	1	.....	1
Heart failure and Bright's disease	.....	.....	.....	1	.....	2
Heart failure and senectus	.....	.....	.....	.....	1	1
Heart failure	.....	1	1	3	1	4
Hæmoptysis and phthisis pulmonalis	.....	.....	.....	1	.....	1
Heart failure, scorbutus	.....	.....	.....	1	.....	1
Inanition	.....	.....	.....	1	1	2
Influenza, phthisis pulmonalis	.....	.....	.....	1	.....	1
Influenza and heart failure	.....	.....	.....	.....	1	1
Inflammation of stomach and heart clot	.....	.....	.....	1	.....	1
Intussusception of intestine	.....	.....	.....	1	.....	1
Marasmus	.....	.....	.....	.....	1	1
Marasmus and senectus	.....	.....	.....	.....	1	1
Meningitis cerebral and inanition, chronic	.....	1	1	.....	1	1
Myelitis	.....	.....	.....	.....	1	1
Morbid cordosis valvular and phthisis pulmonalis	.....	1	1	.....	1	1
Nephritis	.....	1	1	.....	4	4
Nephritis chronic	1	.....	1	1	1	2
Nephritis interstitial and hep. cirrhosis	.....	.....	.....	1	.....	1
Œdema pulmonalis	.....	.....	.....	1	.....	1
Obstruction of intestines	.....	.....	.....	1	.....	1
Œdema, pulmonary and asthenia cordis	.....	3	3	.....	3	3
Peritonitis	.....	.....	.....	1	.....	1
Phthisis pulmonalis	17	20	37	36	43	79
Phthisis pulmonalis pachymengitis	.....	.....	.....	.....	1	1
Pneumonitis	.....	2	2	3	5	8
Pneumonitis and scorbutus	.....	.....	.....	1	.....	1
Pneumonitis and melancholia	.....	.....	.....	.....	1	1

TABLE No. 6 — (*Concluded*).

Showing the causes of death of those who died in the Kings county asylums during the current year and since October 1, 1868.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1868.		
	Men.	Women.	Total.	Men.	Women.	Total.
Pleuritis suppurative	.....	.....	.....	1	1	2
Pericarditis	.....	.....	.....	.....	1	1
Paraplegia	.....	1	1	.....	1	1
Pernicious anæmia and asthenia	.....	1	1	.....	1	1
Pulmonary hæmorrhage and senectus	.....	1	1	.....	1	1
Pneumonia, acute, lobar and paresis	1	.....	1	1	.....	1
Phthisis pulmonalis, mania acute	1	.....	1	1	.....	1
Paretic dementia and child birth	.....	1	1	.....	1	1
Phthisis pulmonalis and dementia, primary	1	1	2	1	1	2
Pleurisy, heart disease	.....	.....	.....	1	.....	1
Pulmonalis hæmorrhage	.....	1	1	.....	1	1
Rupture of heart	.....	.....	.....	1	.....	1
Senectus	.....	.....	.....	2	2	4
Senectus and dementia	.....	.....	.....	1	.....	1
Status epilepticus	6	2	8	14	5	19
Strangulation (suicide)	1	.....	1	4	.....	4
Status epilepticus and chorea	1	.....	1	1	.....	1
Syncope chronic, Bright's disease	1	.....	1	1	.....	1
Syphilis	.....	2	2	.....	2	2
Tuberculosis acute	.....	.....	.....	.....	1	1
Typhoid fever	4	.....	4	10	6	16

Umbilical hernia, gangrene and shock	.....	.....	.....	.....	1	1
Uræmia	.....	.....	.....	1	.....	1
Valvular disease of heart	3	9	12	3	14	17
Valvular disease of heart and cerebral hæmorrhage	1	.....	1	1	.....	1
Total	96	95	191	266	251	517

TABLE No. 7.

Showing the first and subsequent admissions of those admitted to the Kings county asylums during the current year and since October 1, 1888.

NUMBER OF ADMISSIONS.	YEAR ENDING SEPTEMBER 30, 1891.						SINCE OCTOBER 1, 1888.					
	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.			CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
First	198	215	413	2	2	4	716	683	1,399	6	6	12
Second	26	30	56	5	1	6	68	72	140	21	9	30
Third	5	2	7	2	....	2	16	11	27	8	5	13
Fourth or more	9	5	14	....	....	....	22	12	34	....	4	4
Total cases	238	252	490	9	3	12	822	778	1,600	35	24	59
Total persons	236	250	486	8	2	10	812	766	1,578	30	21	51

TABLE No. 8.

Showing hereditary tendency to insanity in cases admitted to the Kings county asylums during the current year and since October 1, 1888.

	Year Ending September 30, 1891.			Since October 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch	7	3	10	45	27	72
Maternal branch	10	13	23	42	45	87
Paternal and maternal branches	2	.....	2	7	4	11
Collateral branches	13	21	34	53	64	117
No hereditary tendency	88	34	122	169	63	232
Unascertained	116	179	295	496	563	1,059
Total	236	250	486	812	766	1,578

TABLE No. 9.

Showing civil condition of those admitted to the Kings county asylums during the current year and since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	101	88	189	378	262	640
Married	120	105	225	355	304	659
Widowed	14	53	67	60	165	225
Divorced	.....	.....	.....	.....	.....	.....
Unascertained	1	4	5	19	35	54
Total	236	250	486	812	766	1,578

TABLE No. 10.

Showing degree of education of those admitted to the Kings county asylums during the current year and since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	7	.....	7	18	2	20
Academic	6	5	11	14	11	25
Common school	83	33	116	213	124	337
Read and write	99	93	192	302	212	514
Read only	7	7	14	26	29	55
No education	13	55	68	57	94	151
Unascertained	21	57	78	182	294	476
Total	236	250	486	812	766	1,578



TABLE No. 11.

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from the Kings county asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1891.		
	Men.	Women.	Total.
Under one month	18	15	33
One to three months	17	10	27
Three to six months	2	4	6
Six to nine months	1	3	4
Nine months to one year	....	1	1
One year to eighteen months	....	....	....
Eighteen months to two years	....	....	....
Two to three years	....	....	....
Three to four years	....	....	....
Four to five years	....	....	....
Five to ten years	....	....	....
Ten to twenty years	....	....	....
Unascertained	19	19	38
Total	57	52	109
PERIOD UNDER TREATMENT.			
Under one month	14	3	17
One to three months	10	8	18
Three to six months	14	12	26
Six to nine months	15	13	28
Nine months to one year	3	6	9
One year to eighteen months	1	6	7
Eighteen months to two years	....	1	1
Two to three years	....	....	....
Three to four years	....	1	1
Four to five years	....	....	....
Five to ten years	....	2	2
Ten to twenty years	....	....	....
Total	57	52	109

TABLE No. 11 — (*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from the Kings county asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	39	46	85
One to three months	39	38	77
Three to six months	8	15	23
Six to nine months	3	8	11
Nine months to one year	2	4	6
One year to eighteen months	1	1	2
Eighteen months to two years	1	....	1
Two to three years	1	....	1
Three to four years	1	....	1
Four to five years	....	....	....
Five to ten years	....	....	....
Ten to twenty years	1	....	1
Unascertained	79	39	118
Total	175	151	326
PERIOD UNDER TREATMENT.			
Under one month	37	11	48
One to three months	46	24	70
Three to six months	45	41	86
Six to nine months	34	40	74
Nine months to one year	8	17	25
One year to eighteen months	4	11	15
Eighteen months to two years	1	3	4
Two to three years	....	1	1
Three to four years	....	....	....
Four to five years	....	....	....
Five to ten years	....	3	3
Ten to twenty years	....	....	....
Total	175	151	326

TABLE No. 12.

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from the Kings county asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1891.		
	Men.	Women.	Total.
Under one month	8	8	16
One to three months	3	4	7
Three to six months	5	6	11
Six to nine months	1	....	1
Nine months to one year	1	1	2
One year to eighteen months	4	....	4
Eighteen months to two years	1	2	3
Two to three years	1	3	4
Three to four years	....	1	1
Four to five years	1	....	1
Five to ten years	1	1	2
Ten to twenty years	....	1	1
Twenty to thirty years	1	1	2
Over thirty years	....	....	....
Unascertained	10	9	19
Total	37	37	74
PERIOD UNDER TREATMENT.			
Under one month	12	6	18
One to three months	5	6	11
Three to six months	9	4	13
Six to nine months	7	4	11
Nine months to one year	2	7	9
One year to eighteen months	....	4	4
Eighteen months to two years	....	2	2
Two to three years	....	2	2
Three to four years	....	1	1
Four to five years	....	....	....
Five to ten years	....	1	1
Ten to twenty years	....	....	....
Twenty to thirty years	2	....	2
Total	37	37	74

TABLE No. 12—(*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from the Kings county asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	16	23	39
One to three months	21	19	40
Three to six months	15	18	33
Six to nine months	9	4	13
Nine months to one year	4	4	8
One year to eighteen months	9	3	12
Eighteen months to two years	5	10	15
Two to three years	6	7	13
Three to four years	8	7	15
Four to five years	6	1	7
Five to ten years	9	3	12
Ten to twenty years	1	3	4
Twenty to thirty years	2	5	7
Over thirty years	...	....	....
Not insane*	3	2	5
Unascertained	110	86	196
Total	224	195	419
PERIOD UNDER TREATMENT.			
Under one month	54	28	82
One to three months	41	29	70
Three to six months	42	34	76
Six to nine months	30	40	70
Nine months to one year	20	16	36
One year to eighteen months	10	13	23
Eighteen months to two years	5	8	13
Two to three years	8	10	18
Three to four years	2	4	6
Four to five years	2	2	4
Five to ten years	2	8	10
Ten to twenty years	2	1	3
Twenty to thirty years	3	....	3
Not insane*	3	2	5
Total	224	195	419

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 13.

Showing the duration of insanity previous to admission, and the period under treatment of those who died in the Kings county asylums during the current year and since October 1, 1888.

Duration previous to admission.	Year Ending September 30, 1891.		
	Men.	Women.	Total.
Under one month	8	7	15
One to three months	3	5	8
Three to six months	2	3	5
Six to nine months	1	1	2
Nine months to one year	3	2	5
One year to eighteen months	....	1	1
Eighteen months to two years	2	3	5
Two to three years	4	4	8
Three to four years	2	1	3
Four to six years	1	1	2
Six to ten years	1	2	3
Ten to twenty years	4	3	7
Twenty years and over	....	....	....
Unascertained	65	62	127
Total	96	95	191
Period Under Treatment.			
Under one month	11	9	20
One to three months	12	7	19
Three to six months	14	10	24
Six to nine months	6	4	10
Nine months to one year	4	8	12
One year to eighteen months	9	7	16
Eighteen months to two years	4	5	9
Two to three years	6	2	8
Three to four years	9	5	14
Four to six years	2	8	10
Six to ten years	13	17	30
Ten to twenty years	5	7	12
Twenty years and over	1	6	7
Total	96	95	191

TABLE No. 13 — (*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those who died in the Kings county asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	18	15	33
One to three months	15	16	31
Three to six months	11	5	16
Six to nine months	9	3	12
Nine months to one year	7	2	9
One year to eighteen months	6	4	10
Eighteen months to two years	10	5	15
Two to three years	13	10	23
Three to four years	6	5	11
Four to six years	5	10	15
Six to ten years	7	9	16
Ten to twenty years	13	9	22
Twenty years and over	3	2	5
Not insane*	....	1	1
Unascertained	143	155	298
Total	266	251	517
PERIOD UNDER TREATMENT.			
Under one month	30	25	55
One to three months	29	18	47
Three to six months	41	32	73
Six to nine months	21	11	32
Nine months to one year	15	14	29
One year to eighteen months	23	15	38
Eighteen months to two years	11	13	24
Two to three years	19	12	31
Three to four years	19	17	36
Four to six years	6	16	22
Six to ten years	31	36	67
Ten to twenty years	16	28	44
Twenty years and over	5	14	19
Total	266	251	517

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 14.

Showing ages of those admitted to the Kings county asylums during the current year and since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years	2	2	4	13	2	15
From fifteen to twenty years	11	5	16	42	39	81
From twenty to twenty-five years	33	26	59	91	78	169
From twenty-five to thirty years	23	35	58	115	115	230
From thirty to thirty-five years	21	38	59	96	96	192
From thirty-five to forty years	39	22	61	125	92	217
From forty to fifty years	46	48	94	134	135	269
From fifty to sixty years	33	32	65	114	88	202
From sixty to seventy years	21	24	45	53	61	114
From seventy to eighty years	7	13	20	20	44	64
From eighty to ninety years	.....	5	5	9	16	25
Total	236	250	486	812	766	1,578

TABLE No. 15.

Showing ages of those discharged recovered from the Kings county asylums during the current year and since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years	5	5	10	13	15	28
From twenty to thirty years	19	23	42	52	67	119
From thirty to forty years	13	13	26	48	33	81
From forty to fifty years	11	6	17	31	19	50
From fifty to sixty years	7	2	9	16	7	23
From sixty to seventy years	1	3	4	3	6	9
From seventy to eighty years	1	.....	1	1	.....	1
Unknown	.....	.....	.....	11	4	15
Total	57	52	109	175	151	326

TABLE No. 13.

Showing the duration of insanity previous to admission, and the period under treatment of those who died in the Kings county asylums during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1891.		
	Men.	Women.	Total.
Under one month	8	7	15
One to three months	3	5	8
Three to six months	2	3	5
Six to nine months	1	1	2
Nine months to one year	3	2	5
One year to eighteen months	....	1	1
Eighteen months to two years	2	3	5
Two to three years	4	4	8
Three to four years	2	1	3
Four to six years	1	1	2
Six to ten years	1	2	3
Ten to twenty years	4	3	7
Twenty years and over	....	....	....
Unascertained	65	62	127
Total	96	95	191

PERIOD UNDER TREATMENT.			
Under one month	11	9	20
One to three months	12	7	19
Three to six months	14	10	24
Six to nine months	6	4	10
Nine months to one year	4	8	12
One year to eighteen months	9	7	16
Eighteen months to two years	4	5	9
Two to three years	6	2	8
Three to four years	9	5	14
Four to six years	2	8	10
Six to ten years	13	17	30
Ten to twenty years	5	7	12
Twenty years and over	1	6	7
Total	96	95	191

TABLE No. 17.

Showing alleged duration of insanity previous to admission in those admitted to the Kings county asylums during the year ending September 30, 1891.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	40	42	82
One to three months	34	27	61
Three to six months	28	19	47
Six to nine months	7	6	13
Nine months to one year	16	14	30
One year to eighteen months	6	3	9
Eighteen months to two years	11	12	23
Two to three years	2	6	8
Three to four years	2	1	3
Four to five years	2	2	4
Five to ten years	10	5	15
Ten to fifteen years	1	5	6
Fifteen to twenty years	....	1	1
Twenty to thirty years	1	2	3
Thirty years and upwards	....	2	2
Unascertained	76	103	179
Total	236	250	486

TABLE No. 18.

Showing period of residence in asylums of those remaining under treatment in the Kings county asylums September 30, 1891.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	15	12	27
One to three months	31	41	72
Three to six months	41	36	77
Six to nine months	37	50	87
Nine months to one year	44	44	88
One year to eighteen months	57	77	134
Eighteen months to two years	54	66	120
Two to three years	74	94	168
Three to four years	49	73	122
Four to five years	57	80	137
Five to ten years	184	283	467
Ten to fifteen years	73	124	197
Fifteen to twenty years	66	105	171
Twenty to thirty years	33	70	103
Thirty years and upwards	13	14	27
Total	828	1,169	1,997

TABLE No. 16.

Showing ages of those who died in the Kings county asylums during the current year and since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years	.....	.....	.....	1	2	3
From fifteen to twenty years	.....	3	3	8	9	17
From twenty to twenty-five years	5	6	11	14	16	30
From twenty-five to thirty years	4	5	9	24	19	43
From thirty to thirty-five years	10	11	21	29	33	62
From thirty-five to forty years	17	19	36	49	38	87
From forty to fifty years	15	12	27	46	37	83
From fifty to sixty years	18	14	32	46	40	86
From sixty to seventy years	21	17	38	38	40	78
From seventy to eighty years	6	6	12	11	15	26
From eighty to ninety years	.....	2	2	.....	2	2
Total	96	95	191	266	251	517

TABLE No. 17.

Showing alleged duration of insanity previous to admission in those admitted to the Kings county asylums during the year ending September 30, 1891.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	40	42	82
One to three months	34	27	61
Three to six months	28	19	47
Six to nine months	7	6	13
Nine months to one year	16	14	30
One year to eighteen months	6	3	9
Eighteen months to two years	11	12	23
Two to three years	2	6	8
Three to four years	2	1	3
Four to five years	2	2	4
Five to ten years	10	5	15
Ten to fifteen years	1	5	6
Fifteen to twenty years	....	1	1
Twenty to thirty years	1	2	3
Thirty years and upwards	....	2	2
Unascertained	76	103	179
Total	236	250	486

TABLE No. 18.

Showing period of residence in asylums of those remaining under treatment in the Kings county asylums September 30, 1891.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	15	12	27
One to three months	31	41	72
Three to six months	41	36	77
Six to nine months	37	50	87
Nine months to one year	44	44	88
One year to eighteen months	57	77	134
Eighteen months to two years	54	66	120
Two to three years	74	94	168
Three to four years	49	73	122
Four to five years	57	80	137
Five to ten years	184	283	467
Ten to fifteen years	[illegible]	[illegible]	[illegible]
Fifteen to twenty years	[illegible]	[illegible]	[illegible]
Twenty to thirty years	[illegible]	[illegible]	[illegible]
Thirty years and upwards	[illegible]	[illegible]	[illegible]
Total	[illegible]	[illegible]	[illegible]

TABLE No. 19.

Showing the occupation of those admitted to the Kings county asylums during the current year and since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Artists	1	.....	1	2	.....	2
Agents	2	.....	2	3	.....	3
Actors	.....	.....	.....	2	.....	2
Attendant	.....	.....	.....	1	.....	1
Bookkeepers	3	.....	3	9	.....	9
Blacksmiths	3	.....	3	6	.....	6
Barbers	3	.....	3	5	.....	5
Bookbinder	1	.....	1	1	.....	1
Broker	1	.....	1	1	.....	1
Bandage maker	1	.....	1	1	.....	1
Butchers	3	.....	3	15	.....	15
Bartenders	2	.....	2	7	.....	7
Bakers	1	.....	1	5	.....	5
Boiler makers	1	.....	1	5	.....	5
Boxmaker	1	.....	1	1	.....	1
Book folder	1	.....	1	1	.....	1
Baggage master	.....	.....	.....	1	.....	1
Boatmen	.....	.....	.....	2	.....	2
Brassworkers	.....	.....	.....	3	.....	3
Builders	.....	.....	.....	2	.....	2
Book canvasser	.....	.....	.....	1	.....	1
Book agent	.....	.....	.....	1	.....	1

Brushmaker	.....	.....	.....	1	.....	1
Bootfitter	.....	.....	.....	1	.....	1
Button-hole maker	.....	.....	.....	.....	1	1
Bricklayer	.....	.....	.....	1	.....	1
Commercial travelers	2	.....	2	3	.....	3
Car conductors	1	.....	1	3	.....	3
Clerks	16	.....	16	30	1	31
Carpenters	6	.....	6	20	.....	20
Coffee sampler	1	.....	1	1	.....	1
Coopers	1	.....	1	4	.....	4
Cooks	2	2	4	2	6	8
Coppersmiths	1	.....	1	2	.....	2
Carpet layer	1	.....	1	1	.....	1
Corkcutters	1	.....	1	2	.....	2
Cotton miller	.....	.....	.....	1	.....	1
Clothprinter	1	.....	1	1	.....	1
Cigar makers	1	.....	1	11	.....	11
Canvassers	1	1	2	3	.....	3
Cabinet maker	1	.....	1	1	.....	1
Custom-house inspector	1	.....	1	1	.....	1
Carpet weaver	.....	1	1	.....	1	1
Capmakers	.....	1	1	1	1	2
Civil engineers	.....	.....	.....	2	.....	2
Clothespresser	.....	.....	.....	1	.....	1
Confectioners	.....	.....	.....	2	.....	2
Clockmaker	.....	.....	.....	1	.....	1
Constable	.....	.....	.....	1	.....	1
Copyist	.....	.....	.....	1	.....	1
Clergyman	.....	.....	.....	1	.....	1
Carver	.....	.....	.....	1	.....	1
Coattrimmer	.....	.....	.....	1	.....	1

TABLE NO. 19 — (*Continued*).

Showing the occupation of those admitted to the Kings county asylums during the current year and since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Candy maker	.....	.....	.....	.....	1	1
Druggists	1	.....	1	2	.....	2
Diamond polisher	1	.....	1	1	.....	1
Drivers	2	.....	2	12	.....	12
Drygoods men	1	.....	1	2	.....	2
Dockbuilder	1	.....	1	1	.....	1
Domestics	37	37	.....	.....	197	197
Dressmakers	.....	3	3	.....	11	11
Draughtsman	.....	.....	.....	1	.....	1
Electricians	2	.....	2	2	.....	2
Engravers	3	.....	3	4	.....	4
Engineers	1	.....	1	4	.....	4
Editress	.....	1	1	.....	1	1
Elevator clerks	.....	.....	.....	3	.....	3
Expressman	.....	.....	.....	1	.....	1
Furrier	1	.....	1	1	.....	1
Fish dealers	1	.....	1	3	.....	3
Flagger	1	.....	1	1	.....	1
Farmers	1	.....	1	7	2	9
Flagman	1	.....	1	1	.....	1
Fresco artists	2	.....	2	3	.....	3
Factory hands	1	.....	1	5	5	10
Foreman	.....	.....	.....	1	.....	1

Flour and grain dealer	.....	.....	.....	1	.....	1
Florists	.....	.....	.....	2	.....	2
Firemen	.....	.....	.....	3	.....	3
Flower makers	1	.....	1	2	.....	2
Flower brancher	.....	.....	.....	.....	1	1
Grocery clerk	1	.....	1	1	.....	1
Grain speculator	1	.....	1	1	.....	1
Glassmakers	1	.....	1	2	.....	2
Grocer	1	.....	1	1	.....	1
Governess	.....	1	1	.....	1	1
Glassworker	.....	.....	.....	1	.....	1
Galvanizers	.....	.....	.....	2	.....	2
Goldsmith	.....	.....	.....	1	.....	1
Gumcutter	.....	.....	.....	1	.....	1
Hostlers	1	.....	1	2	.....	2
Horseshoer	1	.....	1	1	.....	1
Hatters	1	.....	1	5	.....	5
Housewives	.....	159	159	.....	429	429
Harness makers	.....	.....	.....	4	.....	4
Hattrimmer	.....	.....	.....	1	.....	1
Helper	.....	.....	.....	1	.....	1
Iron workers	1	.....	1	3	.....	3
Insurance agents	.....	.....	.....	2	.....	2
Iron molder	.....	.....	.....	1	.....	1
Icemen	1	.....	1	2	.....	2
Ice cream manufacturer	1	.....	1	1	.....	1
Journalist	1	.....	1	1	.....	1
Janitor	1	.....	1	1	.....	1
Junkmen	1	.....	1	3	.....	3
Jeweler	.....	.....	.....	1	.....	1
Joiner	.....	.....	.....	1	.....	1



TABLE No. 19 — (*Continued*).

Showing the occupation of those admitted to the Kings county asylums during the current year and since October 1, 1888.

OCCUPATION.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Lawyers	.....	.....	.....	2	.....	2
Leather dressers	1	.....	1	2	.....	2
Liquor dealers	1	.....	1	2	.....	2
Laundry men	1	5	6	3	7	10
Longshore men	3	.....	3	10	.....	10
Locksmiths	3	.....	3	4	.....	4
Lighter man	1	.....	1	1	.....	1
Lifesaver	1	.....	1	1	.....	1
Laborers	40	.....	40	166	.....	166
Lithographer	.....	.....	.....	1	.....	1
Lady	.....	.....	.....	.....	1	1
Lumber man	.....	.....	.....	1	.....	1
Masons	3	.....	3	8	.....	8
Manufacturer veterinary medicine	1	.....	1	1	.....	1
Medical student	1	.....	1	1	.....	1
Musician	1	.....	1	1	.....	1
Midwife	.....	1	1	.....	1	1
Machinists	1	.....	1	10	.....	10
Merchants	.....	.....	.....	5	.....	5
Marble worker	.....	.....	.....	1	.....	1
Matmakers	.....	.....	.....	2	.....	2
Messenger	.....	.....	.....	1	.....	1
Meatcarver	.....	.....	.....	1	.....	1
Magician	.....	.....	.....	1	.....	1

Manufacturers	.....	.....	.....	2	.....	2
Modelers	.....	.....	.....	2	.....	2
Milliner	.....	.....	.....	.....	1	1
Mechanics	.....	.....	.....	2	.....	2
None	.....	12	9	21	34	75
Newspaper man	.....	1	.....	1	.....	1
Nurses	.....	.....	2	2	6	7
Necktie cutter	.....	.....	.....	1	.....	1
Necktie maker	.....	.....	.....	1	.....	1
News dealer	.....	.....	.....	1	.....	1
Pattern maker	.....	.....	.....	1	.....	1
Plumbers	.....	2	2	5	.....	5
Press feeder	.....	1	1	1	.....	1
Packers	.....	1	1	2	.....	2
Photographer	.....	1	1	1	.....	1
Piano makers	.....	1	1	4	.....	4
Peddlers	.....	3	3	9	1	10
Pipe maker	.....	1	1	1	.....	1
Pressmen	.....	.....	.....	2	.....	2
Piano polisher	.....	.....	.....	1	.....	1
Pilots	.....	.....	.....	3	.....	3
Policemen	.....	1	1	3	.....	3
Painters	.....	6	6	18	.....	18
Prostitute	.....	.....	.....	.....	1	1
Photograph retoucher	.....	.....	.....	.....	1	1
Publishers	.....	.....	.....	2	.....	2
Potter	.....	.....	.....	1	.....	1
Proof reader	.....	.....	.....	1	.....	1
Plasterer	.....	.....	.....	1	.....	1
Porter	.....	.....	.....	1	.....	1
Printers	.....	.....	.....	8	.....	8

TABLE No. 19 — (*Continued*).

Showing the occupation of those admitted to the Kings county asylums during the current year and since October 1, 1888.

OCCUPATION.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Lawyers	.....	.....	.....	2	.....	2
Leather dressers	1	.....	1	2	.....	2
Liquor dealers	1	.....	1	2	.....	2
Laundry men	1	5	6	3	7	10
Longshore men	3	.....	3	10	.....	10
Locksmiths	3	.....	3	4	.....	4
Lighter man	1	.....	1	1	.....	1
Lifesaver	1	.....	1	1	.....	1
Laborers	40	.....	40	166	.....	166
Lithographer	.....	.....	.....	1	.....	1
Lady	.....	.....	.....	.....	1	1
Lumber man	.....	.....	.....	1	.....	1
Masons	3	.....	3	8	.....	8
Manufacturer veterinary medicine	1	.....	1	1	.....	1
Medical student	1	.....	1	1	.....	1
Musician	1	.....	1	1	.....	1
Midwife	.....	1	1	.....	1	1
Machinists	1	.....	1	10	.....	10
Merchants	.....	.....	.....	5	.....	5
Marble worker	.....	.....	.....	1	.....	1
Matmakers	.....	.....	.....	2	.....	2
Messenger	.....	.....	.....	1	.....	1
Meatcarver	.....	.....	.....	1	.....	1
Magician	.....	.....	.....	1	.....	1

Manufacturers	.....	.....	.....	2	.....	2
Modelers	.....	.....	.....	2	.....	2
Milliner	.....	.....	.....	.....	1	1
Mechanics	.....	.....	.....	2	.....	2
None	12	9	21	41	34	75
Newspaper man	1	.....	1	1	.....	1
Nurses	.....	2	2	1	6	7
Necktie cutter	.....	.....	.....	1	.....	1
Necktie maker	.....	.....	.....	1	.....	1
News dealer	.....	.....	.....	1	.....	1
Pattern maker	.....	.....	.....	1	.....	1
Plumbers	2	.....	2	5	.....	5
Press feeder	1	.....	1	1	.....	1
Packers	1	.....	1	2	.....	2
Photographer	1	.....	1	1	.....	1
Piano makers	1	.....	1	4	.....	4
Peddlers	3	.....	3	9	1	10
Pipe maker	1	.....	1	1	.....	1
Pressmen	.....	.....	.....	2	.....	2
Piano polisher	.....	.....	.....	1	.....	1
Pilots	.....	.....	.....	3	.....	3
Policemen	1	.....	1	3	.....	3
Painters	6	.....	6	18	.....	18
Prostitute	.....	.....	.....	.....	1	1
Photograph retoucher	.....	.....	.....	.....	1	1
Publishers	.....	.....	.....	2	.....	2
Potter	.....	.....	.....	1	.....	1
Proof reader	.....	.....	.....	1	.....	1
Plasterer	.....	.....	.....	1	.....	1
Porter	.....	.....	.....	1	.....	1
Printers	.....	.....	.....	8	.....	8

TABLE NO. 19 — (*Continued*).

Showing the occupation of those admitted to the Kings county asylums during the current year and since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Planer	.....	.....	.....	1	.....	1
Paper-roll maker	.....	.....	.....	1	.....	1
Paper hanger	.....	.....	.....	1	.....	1
Pawnbroker	.....	.....	.....	1	.....	1
Polisher	.....	1	1	.....	1	1
Paper-box maker	.....	1	1	.....	1	1
Quarryman	.....	.....	.....	1	.....	1
Railroad men	2	.....	2	2	.....	2
Rubber manufacturer	1	.....	1	1	.....	1
Roofer	.....	.....	.....	1	.....	1
Restaurant keeper	.....	.....	.....	1	.....	1
Real estate	.....	.....	.....	2	.....	2
Ship carpenters	4	.....	4	4	.....	4
Shoedealer	1	.....	1	1	.....	1
Salesmen	3	1	4	10	2	12
Sailors	2	.....	2	8	.....	8
Shoemakers	2	.....	2	13	.....	13
Stablemen	1	.....	1	2	.....	2
Stonecutters	2	.....	2	4	.....	4
Schoolchildren	1	1	2	3	2	5
Scourer and dyer	1	.....	1	1	.....	1
Shirtcutters	1	.....	1	2	.....	2
Seamstresses	.....	1	1	.....	15	15
Shopgirl	.....	1	1	.....	1	1

Shoefitter	.....	1	1	.....	.....	1	1
Shirtmaker	.....	.....	2	2	.....	.....	2
Stonesetter	.....	.....	.....	1	.....	.....	1
Shipbuilder	.....	.....	.....	1	.....	.....	1
Saloon keepers	.....	.....	.....	6	.....	.....	6
Superintendent	.....	.....	.....	1	.....	.....	1
Stewards	.....	.....	.....	2	.....	.....	2
Silver plater	.....	.....	.....	1	.....	.....	1
Silversmith	.....	.....	.....	1	.....	.....	1
Storekeepers	.....	.....	.....	2	.....	.....	2
Showman	.....	.....	.....	1	.....	.....	1
Soda-water bottler	.....	.....	.....	1	.....	.....	1
Streetpaver	.....	.....	.....	1	.....	.....	1
Steamship fireman	.....	.....	.....	1	.....	.....	1
Student	.....	.....	.....	.....	.....	1	1
Snuffmaker	.....	.....	.....	1	.....	.....	1
Tinsmiths	.....	.....	3	7	.....	.....	7
Tailors	.....	2	7	20	.....	.....	20
Teamsters	.....	.....	3	3	.....	.....	3
Teachers	.....	.....	1	4	.....	5	9
Tanners	.....	.....	1	2	.....	.....	2
Tin-box maker	.....	.....	1	1	.....	.....	1
Truckmen	.....	.....	.....	4	.....	.....	4
Telegraph operators	.....	.....	.....	3	.....	1	4
Tobacco stripper	.....	.....	.....	1	.....	.....	1
Typesetter	.....	.....	.....	1	.....	.....	1
Tinworker	.....	.....	.....	1	.....	.....	1
Tramp	.....	.....	.....	1	.....	.....	1
Truckdrivers	.....	.....	.....	5	.....	.....	5
Typecaster	.....	.....	.....	1	.....	.....	1
Theological student	.....	.....	.....	1	.....	.....	1

TABLE No. 19 — (*Concluded*).

Showing the occupation of those admitted to the Kings county asylums during the current year and since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Twinemaker	.....	.....	.....	.....	1	1
Theatrical manager	.....	.....	.....	1	.....	1
Ticket collector	.....	.....	.....	1	.....	1
Upholsterers	1	.....	1	4	.....	4
Usher	.....	.....	.....	1	.....	1
Varnishers	1	.....	1	2	.....	2
Weavers	3	.....	3	3	.....	3
Waiters	2	.....	2	5	1	6
Watchmen	1	.....	1	5	.....	5
Watchcase maker	1	.....	1	1	.....	1
Wood engraver	1	.....	1	1	.....	1
Woodturner	1	.....	1	1	.....	1
Watchmaker	.....	.....	.....	1	.....	1
Worsted worker	.....	.....	.....	.....	1	1
Unascertained	3	19	22	28	22	50
Totals	236	250	486	812	766	1,578

TABLE No. 20.

Showing the nativity of patients admitted to the Kings county asylums during the current year and since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1891.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
United States	104	89	193	367	261	628
Ireland	46	76	122	165	266	431
Germany	41	49	90	136	122	258
England	12	11	23	36	36	72
Sweden	4	5	9	15	18	33
Scotland	2	4	6	9	15	24
Canada	2	2	4	11	5	16
Italy	6	2	8	11	5	16
France	1	1	2	7	8	15
Norway	2	1	3	6	4	10
Russia	4	.....	4	7	1	8
Austria	.....	1	1	3	1	4
New Brunswick	2	.....	2	4	.....	4
Spain	1	.....	1	3	.....	3
Denmark	.....	1	1	1	3	4
West Indies	.....	2	2	1	3	4
Hungary	1	1	2	2	2	4
Nova Scotia	.....	.....	.....	3	1	4
Prussia	.....	.....	.....	3	1	4
Poland	1	.....	1	2	1	3
Switzerland	.....	.....	.....	.....	3	3
Holland	1	.....	1	2	.....	2

C. Licensed Private Asylum System.

General statistics for the year ending September 30, 1891,

	Remaining October 1, 1890.			Admitted During Year.			Daily Average Under Treatment.			Capacity of Institution.			Discharged Recovered.			Discharged Not Recovered.			Discharged Not Insane.*			Died.			Remaining September 30, 1891.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Bloomingdale Asylum	142	159	301	81	75	156	146	161	307	145	155	300	16	25	41	42	36	78	....	....	....	20	18	38	145	155	300
Providence Retreat	21	90	111	30	44	74	26	93	116	75	100	175	10	8	18	12	32	44	1	....	1	4	10	14	24	84	108
Marshall Infirmary	45	53	98	54	33	87	50	54	104	60	70	130	6	4	10	20	17	37	11	3	14	6	6*	12	56	56	112
Long Island Home	41	34	75	27	25	52	39	36	75	57	57	114	9	4	13	19	13	32	....	....	....	4	1	5	36	41	77
Brigham Hall	31	34	65	21	14	35	29	34	63	39	39	78	4	6	10	15	6	21	1	....	1	....	1	1	32	35	67
St. Vincent's Retreat	....	54	54	....	27	27	....	56	56	....	60	60	....	10	10	....	6	6	....	....	....	....	9	9	....	56	56
Brunswick Home†	15	17	32	....	....	....	15	17	32	....	....	35	....	....	....	15	17	32	....	....	....	....	....	....	....	....	....
Sanford Hall	11	15	26	2	4	6	....	....	24	....	....	36	....	....	....	1	3	4	....	....	....	....	....	....	12	16	28
Dr. Wells' Sanitarium	....	13	13	....	8	8	....	13	13	....	16	16	....	2	2	....	5	5	....	....	....	....	3	3	....	11	11
Louden Hall†	7	1	8	....	....	....	7	1	8	....	....	15	....	....	....	7	1	8	....	....	....	....	....	....	....	....	....
Dr. Combes' Sanitarium	6	3	9	35	27	62	13	10	23	18	16	34	6	4	10	16	7	23	....	....	....	2	3	5	15	16	31
Dr. Choate's House	2	7	9	....	2	2	2	7	9	....	....	10	....	2	2	....	1	1	....	....	....	....	....	....	2	6	8
Dr. Kittredge's Home‡	2	1	3	....	....	....	2	1	3	....	....	3	....	....	....	2	1	3	....	....	....	....	....	....	....	....	....
Dr. Parsons' Retreat	2	1	3	....	2	2	....	....	3	....	....	12	1	1	2	....	....	....	....	....	....	....	....	....	1	2	3
Glenmary Home	4	1	5	7	8	15	....	....	17	....	....	30	2	....	2	2	....	2	....	....	....	1	....	1	6	9	15
Dungarthel	....	2	2	....	1	1	....	....	1	....	....	6	....	....	....	....	1	1	....	....	....	....	....	....	....	1	1
Dr. Lansing's House§	....	1	1	....	....	....	....	1	1	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1
Falkirk	....	2	2	4	1	5	....	....	4	17	17	34	1	2	3	....	1	1	....	....	....	....	....	....	3	....	3
Vernon House	1	....	1	12	9	21	2	2	4	....	....	16	5	1	6	4	4	8	1	....	1	1	....	1	2	4	6
Breezehurst Terrace	....	....	....	10	12	22	3	4	7	9	10	19	4	3	7	1	4	5	....	....	....	1	....	1	4	5	9
Waldemere	....	....	....	9	4	13	7	3	10	13	9	22	....	....	....	1	....	1	....	....	....	....	....	....	8	4	12
Total	330	488	818	292	296	598	....	....	884	....	....	1,146	64	72	136	157	155	312	14	3	17	39	51	90	346	500	846

*Cases of alcoholism, opium habit, etc. †Licensed revoked by the commissioners. ‡Licensed relinquished and institution discontinued.
§Institution discontinued.

II. IDIOTIC, FEEBLE-MINDED AND EPILEPTIC.

TABLE No. 1.

Showing movement of population at the Syracuse State Institution for Feeble-minded Children for the year ending September 30, 1891.

	Boys.	Girls.	Total
Remaining October 1, 1890	243	240	483
Admitted during year ending September 30, 1891,	32	26	58
Total number under training during year	275	266	541
Average daily population	253	246	499
Capacity of institution	....	....	530
Discharged during the year	18	28	46
Died	8	4	12
Whole number discharged during the year	26	32	58
Remaining October 1, 1891	249	234	483
Absent on vacation	11	16	27
Total on the rolls	260	250	510

TABLE No. 2.

General statement, Syracuse State Institution for Feeble-minded Children, October 1, 1891.

Date of opening	Oct. 1, 1851
Total acreage of grounds and buildings	274
Value of real estate, including buildings	$393,346 21
Value of personal property	44,868 60
Acres of farm land under cultivation, approximately	235
Capacity of institution	530
Daily average number under treatment	499
Cash on hand October 1, 1890	$11,667 90
Receipts during year:	
From State treasury (for officers' salaries, extraordinary improvements, etc.)	94,416 62
From counties for patients' clothing	8,321 00
From private patients	3,847 83
From all other sources	373 87
Total receipts during year	$106,959 32

Disbursements during year:	
For officers and teachers' salaries and extraordinary improvements	$30,654 85
For wages	16,280 82
For provisions and stores	27,858 02
For ordinary repairs	6,927 84
For farm and grounds	1,107 18
For clothing	8,208 99
For furniture and bedding	2,907 95
For books and stationery and school apparatus	553 22
For fuel and light	6,779 30
For medical supplies	864 86
For miscellaneous expenses	6,185 47
Total disbursements during year	108,328 50
Balance remaining on hand October 1, 1891	10,298 72
Weekly per capita cost on current expenditure, inclusive of clothing and officers' salaries	3 48
Annual per capita charge to counties, inclusive of all items:	
Boys	26 00
Girls	20 00
Maximum rate of wages paid attendants:	
Men	27 00
Women	18 00
Minimum rate of wages paid attendants:	
Men	18 00
Women	9 00
Proportion of day attendants to average daily population (includes attendants, nurses)	1 to 10
Proportion of night attendants to average daily population (includes all who attend or sleep in dormitories at night)	1 to 20
nPercetage of daily population engaged in some kind of useful occupation or in school	80
Estimated value of farm and garden products during year,	$14,513 88
Estimated value of articles made or manufactured by patients during the year	3,498 29

TABLE No. 1.

Showing movement of population in State Custodial Asylum for Feeble-minded Women for the year ending September 30, 1891.

Remaining Octotber 1, 1890	287
Admitted during year	65
Total number under treatment during year	352
Average daily population	302
Capacity of institution	350
Discharged during the year:	
As recovered	15
Died	17
Whole number discharged during the year	32
Remaining October 1, 1891	320

TABLE No. 2.

General statement, State Custodial Asylum for Feeble-minded Women, October 1, 1891.

Date of opening	Sept., 1878
Total acreage of grounds and buildings	40
Value of real estate, including buildings	$118,950 00
Value of personal property	22,104 14
Acres of farm land under cultivation	25
Capacity of institution	350
Daily average number under treatment	302
Cash on hand October 1, 1890	$884 15
Receipts during year:	
From State treasury (for officers' salaries, extraordinary improvements, etc.)	52,000 00
From counties for patients' funeral expenses	285 30
From private patients	110 00
From all other sources	93 61
Total receipts during year	53,373 06
Disbursements during year:	
For officers' salaries, extraordinary improvements and wages (paid direct from State treasury)	22,220 22
For provisions and stores	13,740 79

For ordinary repairs	$2,030 04
For farm and grounds	329 28
For clothing	3,386 60
For furniture and bedding	403 37
For books and stationery	50 00
For fuel and light	3,793 60
For medical supplies	1,551 86
For miscellaneous expenses	1,356 78
Total disbursements during year	$48,862 54
Balance remaining on hand October 1, 1891	$4,510 52
Weekly per capita cost on current expenditure, inclusive of clothing and officers' salaries	2 36
Weekly per capita charge to counties, inclusive of all items	No charges
Maximum rate of wages paid attendants:	
Men	
Women	$11 00
Minimum rate of wages paid attendants:	
Men	
Women	9 00
Proportion of day attendants to average daily population,	1 to 17
Proportion of night attendants to average daily population,	1 to 13
Percentage of daily population engaged in some kind of useful occupation	50
Estimated value of farm and garden products during year,	$1,600 00
Estimated value of articles made or manufactured by patients during the year	

TABLE No. 1.

Showing movement of population in Brunswick Home for Idiotic and Feeble-minded, for the year ending September 30, 1891.

	Men.	Women.	Total.
Remaining October 1, 1890	18	8	26
Admitted during year ending September 30, 1891,	2	3	5
Total number under treatment during year	20	11	31
Average daily population	....	....	....
Capacity of institution	....	....	45
Remaining October 1, 1891	20	11	31

TABLE.

Showing number of idiots and epileptics in county and city alms-houses September 30, 1891.

COUNTY POOR-HOUSES.	IDIOTS.			EPILEPTICS.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany	4	.....	4	1	1	2
Allegany	4	9	13	1	4	5
Broome	4	.....	4	7	.....	7
Cattaraugus	4	.....	4	5	2	7
Cayuga	1	1	2	3	1	4
Chautauqua	2	.....	2	4	1	5
Chemung	1	.....	1	3	4	7
Chenango	11	.....	11	1	2	3
Clinton	11	5	16	4	3	7
Columbia	8	4	12	3	1	4
Cortland	4	.....	4	.....	2	2
Dutchess	.....	.....	.....	1	.....	1
Erie	1	2	3	13	8	21
Essex	5	4	9	.....	2	2
Franklin	2	3	5	1	1	2
Fulton	2	3	5	2	1	3
Genesee	1	1	2	.....	.....	.....
Greene	2	1	3	1	3	4
Herkimer	2	1	3	1	3	4
Jefferson	.....	.....	.....	1	.....	1

Kings	2	1		65	73	138
Lewis	.....	.....	.....	.....	1	1
Livingston	1	2	3	5	3	8
Madison	.....	1	1	2	1	3
Monroe	3	.....	3	4	4	8
Montgomery	4	4	8	5	4	9
New York	226	122	348	.....	.....	.....
Niagara	1	.....	1	.....	.....	.....
Oneida	1	.....	1	5	5	10
Onondaga	5	2	7	2	4	6
Ontario	.....	.....	.....	2	.....	2
Orange	3	3	6	2	1	3
Orleans	1	.....	1	1	1	2
Otsego	6	3	9	1	1	2
Queens	1	.....	1	5	.....	5
Rensselaer	1	.....	1	3	.....	3
Richmond	.....	1	1	1	3	4
Rockland	1	2	3	.....	1	1
Saratoga	3	7	10	.....	1	1
Schenectady	1	1	2	1	.....	1
Schoharie	1	.....	1	1	2	3
Seneca	1	3	4	.....	.....	.....
St. Lawrence	16	14	30	7	6	13
Steuben	4	.....	4	2	.....	2
Suffolk	1	1	2	3	2	5
Sullivan	5	.....	5	3	.....	3
Tompkins	1	.....	1	.....	.....	.....
Ulster	.....	1	1	.....	1	1
Warren	3	3	6	2	1	3
Washington	2	.....	2	2	2	4

TABLE.

Showing number of idiots and epileptics in county and city alms-houses September 30, 1891—(*Concluded.*)

COUNTY POOR-HOUSES.	IDIOTS.			EPILEPTICS.		
	Men.	Women.	Total.	Men.	Women.	Total.
Wayne	1	1	2	1	2	3
Westchester	1	.....	1	1	.....	1
Wyoming	.....	1	1	.....	.....	.....
Yates	1	.....	1	1	1	2
CITY ALMS-HOUSES.						
Kingston city alms-house	1	1	2	1	.....	1
Poughkeepsi ecity alms-house	.....	1	1	.....	.....	.....
Oswego city alms-house	4	6	10	.....	2	2
Total	371	215	586	179	161	240



PART VI.

SUMMARY OF RECOMMENDATIONS.



CHAPTER 31.

SUMMARY OF RECOMMENDATIONS.

1. That provision be made for the erection of detached buildings, or "homes," for attendants on the grounds of the several State hospitals.

2. That statutory provision be made for conferences at stated intervals between the Commission and the managers or trustees of the State hospitals.

3. That the Commission be authorized by statute to prohibit the employment by superintendents of the poor of improper persons to convey public patients to State hospitals.

4. That the statute be amended so as to provide for the admission of private patients to State hospitals at a maximum charge of ten dollars per week.

5. That provision be made for the appointment of a special pathologist to conduct pathological investigations on behalf of the State hospitals.

6. That the Legislature require counties (except New York) to provide suitable places of detention for persons pending examination as to their sanity, to be known as receiving pavilions, and for the appointment by county judges of a special officer, who shall have control of such persons until removed to a State hospital.

7. That statutory provision be made for the appointment by the Commission of agents whose duty it shall be to induce responsible relatives of insane persons to assume the expense of their maintenance in State hospitals.

8. That the statute be so amended as to provide for the districting of the State into hospital districts without reference

to the capacity of the hospital, it now being impossible to give each hospital a district with reference to such capacity owing to the location of hospitals without reference to population.

9. That homes, sanitariums, retreats or other institutions for the treatment of persons afflicted with mental or nervous diseases who are not proper subjects for commitment as insane, be licensed and supervised by the State through some channel other than the Commission in Lunacy.

10. That the Legislature specifically empower the managers or trustees of State hospitals to restrict the indiscriminate visitation of insane patients.

11. That the statute explicitly provide for the regulation by the Commission of the matter of parole of patients.

12. That the statute be amended so as to enlarge the jurisdiction and extend the powers of special officers at State hospitals as to arresting intruders on the hospital grounds and as to returning escaped patients to the hospitals.

13. That a more distinct division of responsibility and a greater concentration of power, as between the managers or trustees of State hospitals and the superintendents thereof, in the matter of appointment and removal of officers and employes, be provided by statute.



PART VII.

ASYLUM DIRECTORY.

CHAPTER 32.

ASYLUM DIRECTORY.

STATE HOSPITAL SYSTEM.

UTICA STATE HOSPITAL — UTICA, ONEIDA COUNTY.

G. ALDER BLUMER, M. D., *Medical Superintendent.*

One mile from the New York Central, the Rome, Watertown and Ogdensburg, the Delaware, Lackawanna and Western, and the Ontario and Western stations. Accessible, every fifteen minutes, by New York Mills or Whitesboro electric cars. Stop at Cross or Jason street.

Telephone No. 118.

WILLARD STATE HOSPITAL — WILLARD, SENECA COUNTY.

CHAS. W. PILGRIM, M. D., *Medical Superintendent.*

Accessible, from the east, by New York Central and Hudson River railroad (Auburn branch from Syracuse to Geneva); from the west, via New York Central and Hudson River railroad from Rochester (Auburn branch) to Geneva, or via Philadelphia and Reading railroad (Lehigh Valley division); from the north, Lyons to Geneva, via Philadelphia and Reading rail road (Lehigh Valley division) and Fall Brook railway; from Geneva, via steamers of the Seneca Lake Steam Navigation Com pany, or by Philadelphia and Reading railroad (Lehigh Valley division); from the south, via the Philadelphia and Reading railroad (Lehigh Valley division), or by Seneca Lake Steam Navigation Company.

Local telephone.

HUDSON RIVER STATE HOSPITAL — POUGHKEEPSIE, DUTCHESS COUNTY.

J. M. CLEAVELAND, M. D., *Medical Superintendent.*

The hospital is located about two miles from the New York Central station at Poughkeepsie. Carriages may be procured at the station, and a public conveyance runs regularly to and from the hospital, connecting with the principal trains. The hospital may also be reached by the West Shore Railroad ferry from Highland station to Poughkeepsie, and by the Philadelphia, Reading and New England railroad (Poughkeepsie bridge route). Conveyances may be procured from Parker avenue station.

Telephone call, "Hudson River State Hospital."

THE MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL — MIDDLETOWN, ORANGE COUNTY.

SELDEN H. TALCOTT, M. D., *Medical Superintendent.*

Middletown is sixty-six miles from New York city, and may be reached by the following railways: New York, Lake Erie and Western; New York, Ontario and Western, and New York, Susquehanna and Western.

The hospital is reached by several omnibus lines. Public carriages may also be had at the station.

Telephone No. 41.

BUFFALO STATE HOSPITAL — BUFFALO, ERIE COUNTY.

J. B. ANDREWS, M. D., *Medical Superintendent.*

The institution is three and a half miles from the New York Central station, and is accessible by street cars, namely: Trolley line on Niagara street; trolley line on Main street, or horse cars through Elmwood avenue.

Telephone No. 1235 D.

BINGHAMTON STATE HOSPITAL — Binghamton, Broome County.

Charles G. Wagner, M. D., *Medical Superintendent.*

Located on the lines of the Erie, Delaware, Lackawanna and Western, and Delaware and Hudson railways. Electric cars leave corner of Court and Washington streets, near all railway stations, every fifteen minutes, between 10 A. M. and 10 P. M.

Telephone No. 553.

ST. LAWRENCE STATE HOSPITAL — Ogdensburg, St. Lawrence County.

P. M. Wise, M. D., *Medical Superintendent.*

On Rome, Watertown and Ogdensburg and Ogdensburg and Lake Champlain railways.

Institution located three and one-half miles from center of city. Accessible by omnibus, from Seymour house, four times daily. Public carriages may also be obtained at railway station.

Telephone call, "State Hospital."

ROCHESTER STATE HOSPITAL — Rochester, Monroe County.

E. H. Howard, M. D., *Medical Superintendent.*

Two miles from railway stations. Accessible by electric cars of the South and Lake avenue line.

Telephone No. 124 I.

STATE ASYLUM FOR INSANE CRIMINALS — Matteawan, Dutchess County.

Post-office, Fishkill-on-the-Hudson. Railway station, Fishkill Landing.

H. E. Allison, M. D., *Medical Superintendent.*

Fifty-eight miles from New York city, on the New York Central and Hudson River railroad. It is also accessible by the West Shore Railway and the Erie, to Newburgh; thence by ferry to Fishkill Landing. The institution may be reached by an electric railway, which runs within three-quarters of a mile of it, from the Hudson River railway station.

Telephone call, "State Asylum."

EXEMPTED COUNTY SYSTEM.

NEW YORK CITY ASYLUMS FOR THE INSANE.

A. E. MACDONALD, M. D., *General Superintendent New York City Asylums.*

Post-office address, Station F, New York City.

All official communications with regard to the New York city asylums for the insane should be addressed to the general superintendent.

Ferry tickets and railroad tickets (at reduced rates for those entitled to same) and permits for admission can only be obtained at the office of the Department of Public Charities and Corrections, 66 Third avenue, corner Eleventh street.

WARD'S ISLAND ASYLUM.

W. A. MACY, M. D., *Medical Superintendent.*

Accessible by boats, from East Twenty-sixth street, at 10.30 A. M.; also by steam ferry, on even hours, from foot of One Hundred and Fifteenth street.

Telephone, 429–18.

BLACKWELL'S ISLAND ASYLUM.

E. C. DENT, M. D., *Medical Superintendent.*

Accessible by boat, from East Twenty-sixth street, 10.30 A. M.; also by ferries from foot of Fifty-second and Seventy-eighth streets, running hourly.

Telephone, 1028–18.

HART'S ISLAND ASYLUM.

GEO. A. SMITH, M. D., *Acting Medical Superintendent.*

Accessible by boats, from East Twenty-sixth street, 11.30 A. M.

CENTRAL ISLIP ASYLUM — Central Islip, Long Island.

(Branch of New York city asylums.)

H. C. Evarts, M. D., *Medical Superintendent.*

Accessible by trains on the Long Island Railway; surface and elevated road from Grand Central depot to Thirty-fourth street ferry, connecting with Long Island City station of Long Island Railway.

No telephone. Telegraph, Central Islip Railway station, close by.

KINGS COUNTY LUNATIC ASYLUM — Flatbush, Long Island.

W. E. Sylvester, M. D., *General Medical Superintendent.*

All official communications with regard to the Kings county asylums should be addressed to W. E. Sylvester, M. D., General Medical Superintendent, Flatbush, L. I.

Three miles from Brooklyn; accessible from East Twenty-third street and Fulton ferries by street car.

Telephone No. 58, Flatbush.

KINGS COUNTY FARM — Kings Park, Long Island.

(Branch of Kings County Lunatic Asylum.)

J. L. Macomber, M. D., *Physician in Charge.*

Forty-five miles from New York city. Accessible by trains on the Long Island Railway; surface and elevated road from Grand Central station, New York, to Thirty-fourth street ferry, connecting with Long Island City station of the Long Island Railway.

No telephone. Telegraph, Kings Park, one mile distant.

LICENSED PRIVATE ASYLUM SYSTEM.

BLOOMINGDALE ASYLUM — ONE HUNDRED AND SEVENTEENTH STREET, NEW YORK CITY.

Between Amsterdam avenue and Boulevard.

S. B. LYON, M. D., *Medical Superintendent.*

Accessible by Boulevard cars or elevated railway to One Hundred and Fourth street and Amsterdam avenue cars. Minimum for those who pay full rates, five dollars per week. This institution receives and treats, gratuitously, a small number of indigent insane of New York city, and receives a considerable number of acute and hopeful cases, which pay only a portion of the cost of their care.

Telephone No. 714, Harlem, New York city.

PROVIDENCE RETREAT — BUFFALO, ERIE COUNTY.

Under the charge of the Sisters of Charity.

FLOYD S. CREGO, M. D., *Consulting Physician.*

HARRY A. WOOD, M. D., *Physician in Charge.*

Located on Main street, corner of Steele. Distance from Union station, four miles. Accessible by electric street car line. Minimum rate charged for care and treatment of private patients six dollars per week.

Telephone No. 791, M.

MARSHALL INFIRMARY — TROY, RENSSELAER COUNTY.

J. D. LOMAX, M. D., *Physician in Charge.*

One mile from the Union station. Accessible by street car from Congress street. Minimum rate charged for care and treatment of private patients, five dollars per week.

Telephone call, "Marshall Infirmary."

LONG ISLAND HOME — Amityville, Suffolk County.

O. J. Wilsey, M. D., *Physician in Charge.*

Thirty-two miles from New York. Accessible by Southern Railroad of Long Island; ferry from East Thirty-fourth street, New York. Institution located a short distance from railway station. Minimum rate, ten dollars per week.

No telephone.

BRIGHAM HALL HOSPITAL — Canandaigua, Ontario County.

D. R Burrell, M. D., *Physician in Charge.*

Situated on Bristol street, one mile from the New York Central and Northern Central station. Accessible by public carriages, which are always to be found at the station. Minimum rate, ten dollars per week.

Telephone No. 35, or "Brigham Hall."

ST. VINCENT'S RETREAT — Harrison, Westchester County.

H. Ernst Schmid, M. D., *Attending Physician, White Plains.*

J. A. Underhill, M. D., *Physician in Charge.*

Under the charge and management of the Sisters of Charity. Admits only women patients. Situated on the New York and New Haven railroad. Trains leave the Grand Central station, New York city, for Harrison every hour from 9 A. M. to 7 P. M. Time from New York, fifty minutes. Minimum rate, ten dollars per week. All communications should be addressed to the physician in charge.

Telephone No. 30, White Plains.

WALDEMERE — Mamaroneck, Westchester County.

E. N. Carpenter, M. D., *Physician in Charge.*

Situated on the New York, New Haven and Hartford railroad. Trains leave Grand Central station, New York, every hour for Mamaroneck; time from New York, forty minutes. Waldemere is one mile from station, where public carriages may be found. Minimum rate, twenty-five dollars per week. Number limited to eighteen.

No telephone.

SANFORD HALL — FLUSHING, LONG ISLAND.

J. W. BARSTOW, M. D., *Resident Physician.*

T. H. KELLOGG, M. D., *Physician in Charge.*

Institution situated about one-half mile from Long Island railway station and accessible by public carriage. Going from Brooklyn, take Greenpoint or Crosstown street car to Long Island City, thence on Long Island railway. Minimum rate twenty-five dollars per week.

Telephone, Flushing, 17 A.

BREEZEHURST TERRACE — WHITESTONE, LONG ISLAND.

D. A. HARRISON, M. D., *Physician in Charge.*

JOHN A. ARNOLD, M. D., *Associate.*

Accessible from New York city, from East Thirty-fourth street erry, via Long Island railway. Trains run every hour to Whitestone; time, thirty minutes. May also be reached by driving, via East Ninety-ninth street ferry, to College Point, from which place it is about one and a half miles. Going from Brooklyn, take the Greenpoint or Crosstown street car to Long Island City. In taking patients from Brooklyn, it is better to drive, as it only requires a little more than one hour, via Grand street to Newtown, thence through Flushing to Whitestone. Minimum rate, twenty dollars per week. Number limited to nineteen.

No telephone.

DR. WELLS' SANITARIUM FOR MENTAL DISEASES —

945 ST. MARK'S AVENUE, BROOKLYN.

(Between Kingston and Albany avenues.)

T. L. WELLS, M. D., *Physician in Charge.*

The sanitarium may be reached by the Bergen street car line, the Atlantic avenue railway or elevated railway from Brooklyn bridge. Stop at Albany avenue station of elevated road. Minimum rate, ten dollars per week. Number limited to sixteen women patients.

Telephone No. 69, Bedford.

DR. PARSONS' HOME — SING SING, WESTCHESTER COUNTY.

R. L. PARSONS, M. D., *Physician in Charge.*

Location, one mile from New York Central station. Public carriages may be hired at the station. Minimum rate, seventy-five dollars per week, which includes all extras. Number limited to twelve.

No telephone.

DR. CHOATE'S HOME — PLEASANTVILLE, WESTCHESTER COUNTY.

G. C. S. CHOATE, M. D., *Physician in Charge.*

Location, one mile from Pleasantville station on Harlem railroad and two miles from Whitsons station of New York and Northern railroad. New York Central trains stop at Tarrytown, six miles distant. Pleasantville is thirty miles north of New York city. Minimum rate, seventy-five dollars per week, including all extras. Number limited to ten.

No telephone connection.

DR. COMBES' SANITARIUM — WOOD HAVEN, LONG ISLAND.

H. ELLIOTT, M. D., *Physician in Charge.*

Institution best reached by Brooklyn elevated trains, from Brooklyn bridge, or East Twenty-third street ferry to Ridgewood, thence by Richmond Hill surface car to Flushing avenue, Wood Haven. Sanitarium two minutes' walk to the right; also easily accessible from Brooklyn, by carriage, via Myrtle avenue, to Flushing avenue, Wood Haven. Wood Haven Junction station, on the Long Island railway, is one mile from the institution. Minimum rate, ten dollars per week. Number limited to thirty-four.

Telephone No. 7, I, East New York.

GLENMARY — OWEGO, TIOGA COUNTY.

(Homœopathic.)

J. T. GREENLEAF, M. D., *Physician in Charge.*

Location, three-fourths of a mile from railway stations, where public carriages may be obtained. Accessible by New York, Lake Erie and Western, and by Delaware, Lackawanna and

Western railways, and Southern Central division, Lehigh Valley railway. Minimum rate, ten dollars per week. Number limited to thirty.

Telephone call, "Glenmary."

DUNGARTHEL — HILL VIEW, LAKE GEORGE.

(Homœopathic.)

HENRY R. STILES, M. D., *Physician in Charge.*

Location, five miles from Caldwell, the Lake George terminus of the Delaware and Hudson railroad. Accessible, during the summer, by carriage from Caldwell, and by boats to the Marion House landing, on Lake George; in winter, by carriage from Caldwell. Minimum rate, twenty-five dollars per week. Licensed for six patients only. Cases of insanity, alcoholism and opium addiction treated.

No telephone.

FALKIRK — CENTRAL VALLEY, ORANGE COUNTY.

JAMES F. FERGUSON, M. D., *Physician in Charge.*

DAVID H. SPRAGUE, M. D., *Associate Physician.*

Location, one mile from Central Valley station, on Newburgh branch of New York, Lake Erie and Western railroad, forty-seven miles from New York city. Minimum rate, twenty dollars per week. Number limited to thirty-four.

Telephone, "Falkirk."

VERNON HOUSE — BRONXVILLE, WESTCHESTER COUNTY.

WILLIAM D. GRANGER, M. D., *Physician in Charge.*

Post-office and telegraph, Bronxville. Accessible by New Haven railway to Mount Vernon, or by Harlem railway to Bronxville. Public carriages may be obtained at railway station. Number of patients limited to sixteen. Minimum rate, thirty-five dollars per week.

No telephone.

THE PINES — Auburn, Cayuga County.

Frederick Sefton, M. D., *Physician in Charge.*

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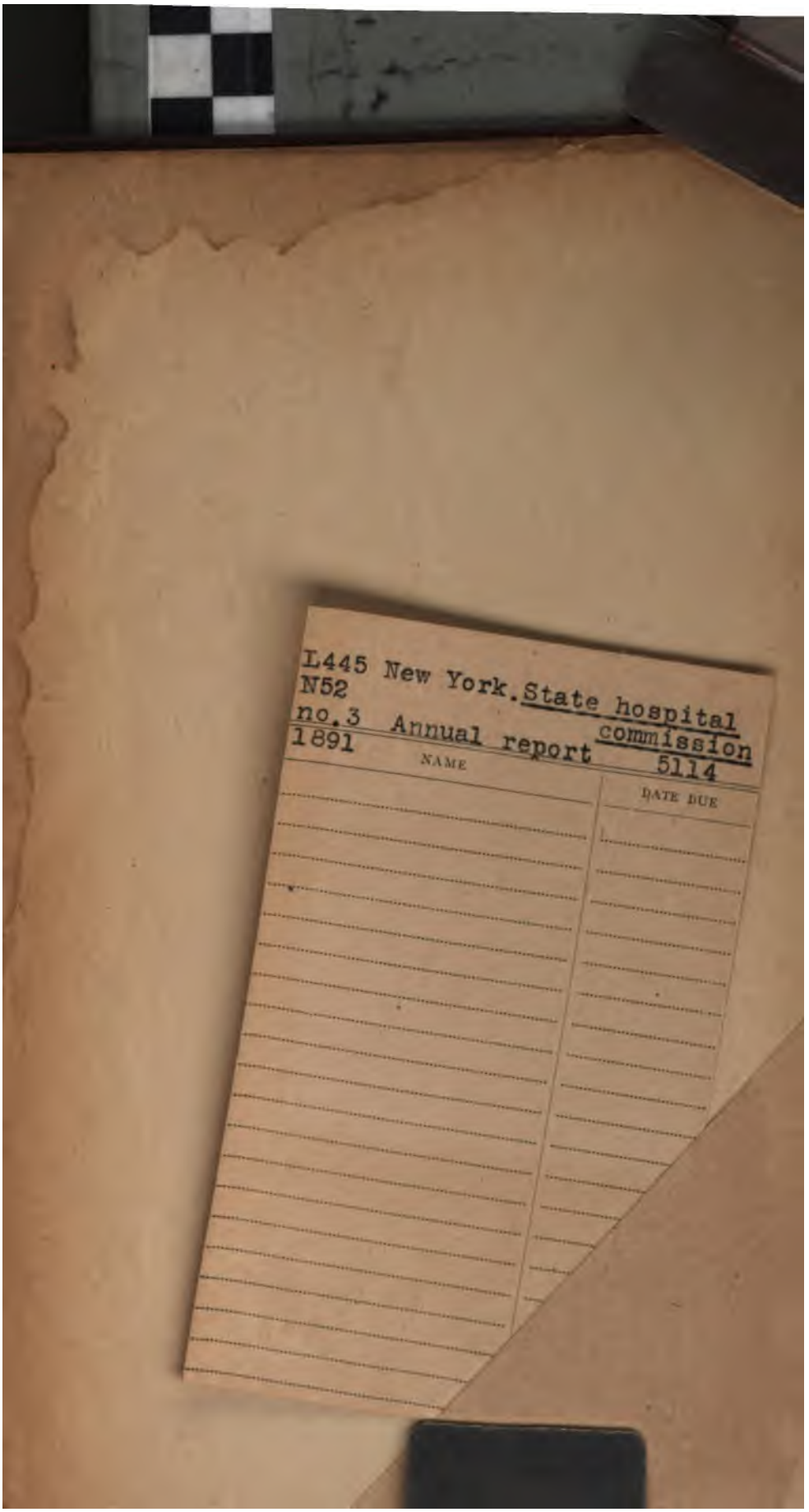






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